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Fill in this information to identify your case:	and the second of the second s
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (# known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

JAN 25 2018

JEFFREY P. ALLSTEADT, CLERK INTAKE 2

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filling alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourse	lf	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
ar article de la constante de	Write the name that is on y	^{our} Dariese	
and the second	government-issued picture identification (for example,	First name	First name
	your driver's license or	Douglas	
	passport).	Middle name	Middle name
	Bring your picture	Ross	
-	identification to your meeting with the trustee.	ng Last πame	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
GERRAL PAR			
2.	All other names you have used in the last 8	Darrius	First name
	years	1 Hot henre	rirst name
	-	Douglas Middle name	Middle name
	Include your married or maiden names.	Ross	Audro Hairo
	maiucm names.	Last name	Last name
Name of Street		First name	First name
		Middle name	Middle name
		Last name	Last name
\$100 MEXICO			
3.	Only the last 4 digits o	f xxx - xx - 9 7 5 5	xxx - xx
	your Social Security	xxx - xx - <u>9 1 </u>	
	number or federal	OR	OR OR
	Individual Taxpayer Identification number	9 xx - xx	9 xx - xx
	(ITIN)		

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Case number (if known)___

Dariese D. Ross

Debtor 1

First Name Middle :	Name Last Name	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN — — — — — — — — — — — — — — — — — — —
	EIN	EIN — — — — — — — — — — — — — — — — — — —
5. Where you live		If Debtor 2 lives at a different address:
	14310 S. Clark Number Street	Number Street
	Riverdale IL 60827 City State ZIP Code	City State ZIP Code
	Cook	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
s. Why you are choosing	рывшим вы паменеровном общений и мененовым образования общенования обще	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)

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De	btor 1 <u>Dariese D.</u>	Ross				Case number (if k	nown)
	First Name Middle Nar	ne	Last Nam	.			
Pa	Tell the Court Abou	ut Your B	ankruj	ptcy Case			
7.	The chapter of the Bankruptcy Code you	Check o for Bank	ne. (For ruptcy (a brief description of ear Form 2010)). Also, go to	ch, see <i>Notic</i> the top of pa	ce Required by 11 age 1 and check t	U.S.C. § 342(b) for Individuals Filing he appropriate box.
	are choosing to file under	☑ Cha	oter 7				
	under	☐ Cha	oter 11				
		☐ Cha	oter 12				
		🛚 Cha	oter 13				
8.	How you will pay the fee	loca your subr with I nec Appr I req By la less pay	court is self, you nitting you a pre-ped to ped to	for more details about our may pay with cash, your payment on your printed address. ay the fee in installm for Individuals to Paymat my fee be waived adge may, but is not response to the official poverse.	how you m cashier's c behalf, you nents. If you The Filing I (You may equired to, we erty line that u choose th	nay pay. Typical theck, or money ur attorney may u choose this or Fee in Installme request this optivative your fee, at applies to you its option, you may be the control of the control o	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check of the pay with a credit card or check of the pay with a credit card or check of the pay with a credit card or check of the pay with a credit card or check of the pay with a credit card or check of the pay with a credit card or check of the pay with a credit card or check of the pay with your are paying the pay with your petition.
9.	Have you filed for bankruptcy within the last 8 years?	☐ No Ø Yes.		IN Northern	When When When	MM / DD / YYYY	Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☑ No ☐ Yes.			When		Relationship to you
	affiliate?						
							Relationship to you Case number, if known
			District		When	MM / DD / YYYY	Case number, a Mown
11.	Do you rent your residence?	₩ No. Yes.	resider	our landlord obtained an ence? . Go to line 12.			and do you want to stay in your
				s. Fill out <i>Initial Statemer</i> s bankruptcy petition.		Eviction Judgment	Against You (Form 101A) and file it with

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Debtor 1 Dariese D. First Name Middle Nar	Ross Last Name Case number (# known)
Part 3: Report About Any I	Businesses You Own as a Sole Proprietor
12. Are you a sole proprietor of any full- or part-time	☑ No. Go to Part 4.
business?	☐ Yes. Name and location of business
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as	Name of business, if any
a corporation, partnership, or LLC.	Number Street
If you have more than one sole proprietorship, use a	
separate sheet and attach it to this petition.	City State ZIP Code
	Check the appropriate box to describe your business:
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
	☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
	Stockbroker (as defined in 11 U.S.C. § 101(53A))
	Commodity Broker (as defined in 11 U.S.C. § 101(6))
Not the model and continue where the 20-20 and 30 a	☐ None of the above
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
debtor? For a definition of small	No. I am not filing under Chapter 11.
business debtor, see 11 U.S.C. § 101(51D).	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part 4: Report if You Own	or Have Any Hazardous Property or Any Property That Needs Immediate Attention
4. Do you own or have any property that poses or is	☑ No
alleged to pose a threat	Yes. What is the hazard?
of imminent and identifiable hazard to	
public health or safety?	
Or do you own any property that needs	If immediate attention is needed, why is it needed?
immediate attention? For example, do you own	, , , , , , , , , , , , , , , , , , , ,
perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	
	Where is the property?
	Number Street
	City State ZIP Code

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Debtor 1	Dariese	D. Ross		Case number (#known)
	First Name	Middle Name	Last Name	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Aho	* 1 *	nο	btor	4
~~~	uı		DIUI	

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

1	am	not	requi	red t	o re	ceive	а	briefing	abou
¢	red	it co	unse	ling l	ec	ause (	of:		

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	bout
credit counseling because of:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor		Ross	Case number (if kno	own)
	First Name Middle Nam	ne Last Name		
Part	6: Answer These Que:	stions for Reporting Purpos	es	
	hat kind of debts do		rily consumer debts? Consumer deb al primarily for a personal, family, or hou	
yc	ou have?	No. Go to line 16b.  Yes. Go to line 17.		
		16b. Are your debts primar money for a business or in-	ily business debts? Business debts vestment or through the operation of the	are debts that you incurred to obtain business or investment.
		No. Go to line 16c. Yes. Go to line 17.		
		16c. State the type of debts you	owe that are not consumer debts or bus	siness debts.
	re you filing under napter 7?	☐ No. I am not filing under Ch	napter 7. Go to line 18.	
an ex ad ar av	o you estimate that after by exempt property is cluded and Iministrative expenses e paid that funds will be callable for distribution unsecured creditors?	Yes. I am filing under Chapte administrative expense No	er 7. Do you estimate that after any exens are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
18. Ho	ow many creditors do ou estimate that you ve?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
es	ow much do you timate your assets to worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
es	ow much do you timate your liabilities be?	□ \$0-\$50,000 □ \$50,001-\$100,000 ■ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part '	7: Sign Below	<b>□</b> \$550,001-\$ € \$188011	w 100,000,00 1-4000 Hinness	
For y	ou	I have examined this petition, an correct.	nd I declare under penalty of perjury that	the information provided is true and
		If I have chosen to file under Choof title 11, United States Code. I under Chapter 7.	apter 7, I am aware that I may proceed, i understand the relief available under ea	if eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed
		this document, I have obtained a	d I did not pay or agree to pay someone and read the notice required by 11 U.S.C	c. § 342(b).
			th the chapter of title 11, United States C	
		I understand making a false stat with a bankruptcy case can resu 18 U.S.C. §§ 152, 1341, 1519, a	ılt in fines up to \$250,000, or imprisonme	money or property by fraud in connection ant for up to 20 years, or both.
		x Jour from	*	
		Signature of Debtor 1	Signature	e of Debtor 2
		Executed on $\frac{O}{MM} = \frac{122/2}{1}$	2016 Executed	ion

page 6

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ebtor 1 Dariese D. I	≺OSS Last Name	Case number (# known)
or you if you are filing this ankruptcy without an ttorney	should understand that many peopl	o represent yourself in bankruptcy court, but you le find it extremely difficult to represent bankruptcy has long-term financial and legal ged to hire a qualified attorney.
you are represented by n attorney, you do not eed to file this page.	technical, and a mistake or inaction may dismissed because you did not file a requ hearing, or cooperate with the court, case	and handle your bankruptcy case. The rules are very affect your rights. For example, your case may be uired document, pay a fee on time, attend a meeting or e trustee, U.S. trustee, bankruptcy administrator, or audit nat happens, you could lose your right to file another ling the benefit of the automatic stay.
	court. Even if you plan to pay a particular in your schedules. If you do not list a deb property or properly claim it as exempt, y also deny you a discharge of all your deb case, such as destroying or hiding proper	in the schedules that you are required to file with the r debt outside of your bankruptcy, you must list that debt out, the debt may not be discharged. If you do not list ou may not be able to keep the property. The judge can obt if you do something dishonest in your bankruptcy rty, falsifying records, or lying. Individual bankruptcy of debtors have been accurate, truthful, and complete.
	hired an attorney. The court will not treat successful, you must be familiar with the	the court expects you to follow the rules as if you had you differently because you are filing for yourself. To be United States Bankruptcy Code, the Federal Rules of s of the court in which your case is filed. You must also that apply.
	consequences?	a serious action with long-term financial and legal
	☐ No ☑ Yes	
		serious crime and that if your bankruptcy forms are ned or imprisoned?
	□ No	
	☑ Yes	
	☑ No ☐ Yes. Name of Person	o is not an attorney to help you fill out your bankruptcy forms  r's Notice, Declaration, and Signature (Official Form 119).
	have read and understood this notice, and attorney may cause me to lose my rights of	erstand the risks involved in filing without an attorney. I d I am aware that filing a bankruptcy case without an or property if I do not properly handle the case.
•	Signature of Debtor 1	Signature of Debtor 2
	Date 0 / 2 2 / 2018 MM / DD / YYYY	Date MM / DD / YYYY
	Contact phone	Contact phone
	Cell phone (708) 785-0318	Cell phone
	Email address darriusross30@gmail.co	m Email address

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Debtor 1	Dariese	D.	Ross	
	First Name		Middle Name	Last Name
Debtor 2				
(Spouse, if filing)	First Name		Middle Name	Last Name
United States 6	Bankruptcy C	ourt f	or the: Northern District of I	llinois
Case number				
	(If known)	~		

Check if this is an amended filing

12/15

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Schedule A/B: Property (Official Form 106A/B)	Your assets Value of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	\$
1b. Copy line 62, Total personal property, from Schedule A/B	\$750.00
1c. Copy line 63, Total of all property on Schedule A/B	\$ 750.00
Part 24 Summarize Your Liabilities	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$971.00
art S) Summarize Your Income and Expenses	\$\$
Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$2,667.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	s 2,606.00

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D	abtor 1 Dariese D. Ross First Name Middle Name Last Name	Case number (if known)
	Answer These Questions for Administrative and Statistical Record	ds
6	Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	No. You have nothing to report on this part of the form. Check this box and submit this Yes	s form to the court with your other schedules.
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	an individual primarily for a personal, poses. 28 U.S.C. § 159.
	Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.	art of the form. Check this box and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	income from Official \$4,124.00
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	
		Total claim
	From Part 4 on Schedule E/F, copy the following:	
	9a. Domestic support obligations (Copy line 6a.)	\$0.00
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$971.00
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
	9d. Student loans. (Copy line 6f.)	\$0.00
	<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$0.00
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
	9g. <b>Total.</b> Add lines 9a through 9f.	\$971.00

	Case 18-02186	Doc 1	Filed 01/25/18 Document	Entered 01/25/18 Page 10 of 57	14:24:44 Des	c Main
Fill in this i	nformation to identify you	ur case and th	is filing:			
Debtor 1	Dariese D. Ross	Middle Name	Last Name			
Debtor 2 (Spouse, if filing	3) First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the: Nor	rthern District o	f Illinois			
Case number	· · · · · · · · · · · · · · · · · · ·				C	Check if this is an amended filing
Officia	I Form 106A/B					
Sche	edule A/B: P	roper	ty			12/15
write your	name and case number (i	if known). Ans	wer every question.  , Land, or Other Rea	attach a separate sheet to thi al Estate You Own or Hav uilding, land, or similar prope	e an interest in	
	Go to Part 2.	•	·			
1.1. 7	Where is the property?  900 Chase		What is the proper  Single-family hon  Duplex or multi-u		Do not deduct secured cl the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
St	reet address, if available, or oth	ner description	Condominium or Manufactured or	cooperative	Current value of the entire property?	Current value of the portion you own?
	is demonstrated and the second		- 🔲 Land		\$83,900.00	\$
N Ci	Merriville IN		☐ Investment prope ☐ Timeshare ☐ Other	erty	Describe the nature interest (such as fee the entireties, or a life	simple, tenancy by
			Who has an interes	st in the property? Check one.		
· <u> </u>	.ake ounty		Debtor 1 only Debtor 2 only		Chook if this is or	

If you own or have more than one, list here:

Street address, if available, or other description	_
	_

State

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

☐ Check if this is community property

Current value of the entire property?

(see instructions)

Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

Debtor	1	only
Debtor	2	only

Timeshare

Land 

Other_

ZIP Code

_		_	,			
	Debtor	1	and	Debtor	2	on

Debtor 1 and Debtor 2 only

Condominium or cooperative

Manufactured or mobile home

Investment property

☐ Single-family home Duplex or multi-unit building

At least one of the debtors and another

What is the property? Check all that apply.

property identification number:

#### ☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _

Other information you wish to add about this item, such as local

City

County

1.2.

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Case number (if known)_

Dariese D. Ross

Debtor 1

el: roximate mileage: er information:  e: el: roximate mileage: er: roximate mileage: er information:	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Current value of the entire property?  \$	Current value of the portion you own?  \$
roximate mileage: er information:  e: el: roximate mileage: er information:	☐ At least one of the debtors and another  ☐ Check if this is community property (see instructions)  Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  ☐ Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?  \$	portion you own?  \$
e: el: roximate mileage: er information:	Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	\$	sims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the
e: el: r: roximate mileage: er information:	instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	the amount of any securer Creditors Who Have Claim Current value of the entire property?  \$s	d claims on Schedule D: ns Secured by Property Current value of the
el:  r:  roximate mileage: er information:	instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	the amount of any securer Creditors Who Have Claim Current value of the entire property?  \$s	d claims on Schedule D: ns Secured by Property Current value of the
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r: roximate mileage: er information:	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)	Current value of the entire property?  \$s	Current value of the
roximate mileage: er information: t, aircraft, motor homes, ATV	At least one of the debtors and another  Check if this is community property (see instructions)	entire property?  \$s	
er information:	Check if this is community property (see instructions)	\$ssories	\$
t, aircraft, motor homes, ATV	instructions)  /s and other recreational vehicles, other vehicles, and acces	\$ssories	\$
t, aircraft, motor homes, ATV Boats, trailers, motors, persor	instructions)  /s and other recreational vehicles, other vehicles, and acces	ssories	T
t, aircraft, motor homes, ATV Boats, trailers, motors, persor	s and other recreational vehicles, other vehicles, and accessonal watercraft, fishing vessels, snowmobiles, motorcycle accesson	ssories	
**************************************	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	instructions)	\$	\$
or have more than one, list he		Do not deduct engured do	ime or exemptions. Put
e:		the amount of any secured	d claims on Schedule D:
el:	•	Creditors Who Have Clain	is Secured by Property.
··		• • • • • • • • • • • • • • • • • • • •	
er information:		entire property?	portion you own?
	☐ Check if this is community property (see instructions)	\$	\$
	e:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an Interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Current value of the entire property?  Check if this is community property (see instructions)  Who has an Interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Current value of the entire property?  Who has an Interest in the property? Check one. Do not deduct secured claim the amount of any securer. Creditors Who Have Claim Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Current value of the entire property?  Current value of the entire property?  Current value of the entire property?

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Debtor 1

Dariese	D.	Ross
First Name	M	ddle Name

Last Name

Case number (if known)_

Do you own or have any legal or equi	table interest in any of the following items?	Current va portion yo Do not dedu	
		or exemption	
Household goods and furnishings     Examples: Major appliances, furniture			
☐ No ☐ Yes. Describe Furniture		\$	300.00
	udio, video, stereo, and digital equipment; computers, printers, scanners; music vices including cell phones, cameras, media players, games	mann ar amusuna aib	
Yes. Describe		\$	
8. Collectibles of value		ore sum or or easily to see a	
stamp, coin, or baseball c	aintings, prints, or other artwork; books, pictures, or other art objects; ard collections; other collections, memorabilia, collectibles		
Yes. Describe		\$	
9. Equipment for sports and hobbies			
and kayaks; carpentry too	rcise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ls; musical instruments		
☑ No ☐ Yes. Describe		\$	
10. Firearms		n technology and make and make	
	mmunition, and related equipment	······································	
Yes. Describe		\$	
11. Clothes		The forms and A martin (A A martin).	
	ther coats, designer wear, shoes, accessories		
No Ves. Describe Clothes		\$	150.00
12. Jewelry			
gold, silver	e jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
Yes. Describe		\$	
13. Non-farm animals  Examples: Dogs, cats, birds, horses			
☑ No			
Yes. Describe		\$	
	items you did not already list, including any health aids you did not list		
☑ No ☐ Yes. Give specific			
		\$	
Application of the second second second second	ntries from Part 3, including any entries for pages you have attached	\$	450.00
		→   °	

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Last Name

Dariese D. Ross

Debtor 1

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Case number (if known)_

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Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☑ No ☐ Yes..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Z No ☐ Yes..... Institution name: 200.00 WoodForest 17.1. Checking account: 100.00 WoodForest 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Z No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: **Z** No Name of entity: 0% Yes. Give specific information about 0% % them..... 0%

Case 18-02186 Doc 1 Filed 01/25/18 Entered 01/25/18 14:24:44 Desc Main Document Page 15 of 57 Dariese D. Ross Case number (if known)_ Debtor 1 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☑ No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☑ No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others 2 No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

Schedule A/B: Property

Yes	Issuer name a
 res	155uel Hairie d

Issuer name and description:

\$
\$
\$

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Dariese D. Ross Debtor 1 Case number (if known) 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No ☐ Yes ....... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☑ No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Z No Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **☑** No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else Z No ☐ Yes. Give specific information.....

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Dariese D. Ross

Debtor 1	Dariese			Case number (if known)	
	First Name	Middle Name	Last Name		
Exampl	ts in insuranc	e policies ability, or life insura	nce; health savings account (ł	HSA); credit, homeowner's, or renter's insurance	
☑ No ☐ Yes		urance company and list its value	Company name:	Beneficiary:	Surrender or refund value:
	or cash policy	and not no value			\$
					\$
					\$
If you a	terest in prope re the beneficia y because som	ry of a living trust,	from someone who has die expect proceeds from a life ins	ed surance policy, or are currently entitled to receive	
	. Give specific	information			
	0,10 0,000				\$
33. Claims Example	against third les: Accidents,	parties, whether o employment dispute	r not you have filed a lawsues, insurance claims, or rights	it or made a demand for payment to sue	
	. Describe eac	h claim			on with requiring any
					\$
	ontingent and off claims	unliquidated clair	ns of every nature, including	g counterclaims of the debtor and rights	
	. Describe eacl	n claim			s
☑ No	·	you did not alread			
Yes	. Give specific	information	and a superior of the common and a superior and another contract the angle of the a		\$
36. Add the for Part	e dollar value ( t 4. Write that (	of all of your entric	es from Part 4, including any	y entries for pages you have attached →	\$300.00
Part 5:	Describe A	Any Business-	Related Property You	Own or Have an Interest In. List any	real estate in Part 1.
37. <b>Do you</b>	own or have a	ny legal or equita	ole interest in any business	related property?	
	Go to Part 6.				
Yes.	. Go to line 38.				
					Current value of the portion you own?  Do not deduct secured claims or exemptions.
38. Accoun	ts receivable	or commissions y	ou already earned		
☑ No	£"				
Yes.	. Describe				\$
00	į 4 4		elton		
39. <b>Office e</b> Examples	equipment, fur s: Business-relate	nishings, and sup ed computers, softwar	pires e, modems, printers, copiers, fax r	nachines, rugs, telephones, desks, chairs, electronic device:	3
☑ No	·				norg
🔲 Yes.	. Describe				\$
		ng-1801-161-161-161-161-161-161-161-161-161-1	2017 N. W. S. C.		i

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Debtor 1	First Name	Middle Name	Last Name	Case number (#k	nown)	
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40 Machiner	u firturan a	auinmant eunnl	loc you uso in bus	iness, and tools of your trade		
	y, nxtures, e	daibment, sabbi	iles you use iii busi	mess, and tools of your trade		
☑ No	S	27 1 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2 . A 2			and the second s	and the same of th
₩ Yes. t	Describe					\$
	١.	**************************************	A1 7/4 Hardwood Annual Communication Communi		W- was a second of the second	manus. A
41. Inventory	,					
₩ No	ľ					
Yes. □	Describe					\$
		hands with A Publicania A Philippings of Managary Managar				
42. Interests	in partnersh	ips or joint ventu	ures			
☑ No						
Yes. I	Describe	Name of entity:			% of ownership:	
					%	\$
					%	\$
					%	\$
43. Custome	r lists, mailin	ng lists, or other	compilations			
	o vour lists	include persona	IIV identifiable info	rmation (as defined in 11 U.S.C. § 101(41A)	)?	
	□ No					
	Yes. Desc				***************************************	-
						\$
					yaya di naganan ya ka matanaka a da kanada a sasana matana ka masani ka da sasan sasana matana sa	prosent.
44. Any busii	iess-related	property you did	i not aiready list			
-	Give specific					•
	ation			And a second	********	•
		***************************************				\$
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						\$
						\$
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45. Add the o	lollar value ( Write that r	of all of your entr number here	ies from Part 5, Inc	cluding any entries for pages you have atta		\$0.00
JOI Fait 3	. Wille tildt i	Talliber Horo				
,	C 10 100 100 100 100 100		Marketine and the second control	and the state of t	. =	The second secon
Part 6:	Describe A	nv Farm- and C	ommercial Fishi	ing-Related Property You Own or Hav	e an Interest Ir	1.
I	f you own or	have an interest	t in farmland, list it	in Part 1.		
<u> </u>						
		ny legal or equita	able interest in any	farm- or commercial fishing-related prope	∍rty?	
	o to Part 7. So to line 47.					
La res. c	50 to tille 47.					Current value of the
						portion you own?
						Do not deduct secured claims or exemptions.
47. Farm anii	nals					or everibrous
		oultry, farm-raised	d fish			
☑ No		<b>,</b>				
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Debi	tor 1	Danese	D. 11033				Case number (if known)		
		First Name	Middle Name	Last Name					
: - 48. C	rops—ei	ither growin	g or harvested						
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		Sive specific ation						\$	
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	arm and 1 No	tisning equi		nts, machinery, fixt					
	] Yes			A-10000-14, 1/4 0001-1-100, 001-100, 1/4 10001-1/4 10001-1/4 10001-1/4 10001-1/4 10001-1/4 10001-1/4 10001-1/4	V 400***********************************	eronamodo nare con sebre es arconeren an escueren a ser encere con			
			COUNTY OF MANUFACTOR WAS AN ADMINISTRATION WAS		***************************************		endere er en	\$	
		fishing sup	olies, chemicals,	and feed					
	) No		Complete and Control for the Control of Manager of States of the Control of States of	· · · · · · · · · · · · · · · · · · ·					
. <b></b>	4 185	***************************************						s	
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	No	and comme		iteu property you u					
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				· · · · · · · · · · · · · · · · · · ·			Many 1952 Alac I San Albanya	_	
Part	V: D	escribe A	III Property t	ou Own or nav	e an intere	est in Inat	You Did Not List Above	<del></del>	
				d you did not alread	dy list?				
	ampies: 5 No	eason tickets,	country club membe	stauth	n vystygentyja s pystysydn yysnegyn na nitemed ye en gettegen edelytyje.	00 parks - 1 - 24 to - 1 -	an ann an Anna an ann an ann an ann ann		
	Yes. G	ive specific						\$	**************************************
	informa	ation						\$	
						**************************************		\$	
54. <b>A</b> d	ld the do	oliar value of	all of your entri	es from Part 7. Writ	e that number	here	<b>&gt;</b>	\$	0.00
			and the second						The state of the s
Part	0. 1	ict tha Ta	tale of Each	Part of this Fo	rm				
rail.	O: L	ist the ro	tais of Each	Part Or tills 1 O				·	
55. <b>Pa</b>	rt 1: Tot	al real estate	e, line 2	,	,.,.,,			\$	0.00
56. <b>Pa</b>	rt 2: Tot	al vehicles,	line 5		\$	0.00			A Astronomy of Astronomy of Astronomy
57. <b>Pa</b>	rt 3: Tot	al personal a	and household it	tems, line 15	\$	450.00			
58. <b>Pa</b>	rt 4: Tota	al financial a	assets, line 36		\$	300.00			
59. <b>Pa</b>	rt 5: Tota	al business-	related property,	, line 45	\$	0.00			
60. <b>Pa</b>	rt 6: Tota	al farm- and	fishing-related p	property, line 52	\$	0.00			
61. <b>Pa</b>	rt 7: Tota	al other prop	perty not listed, li	ine 54	+ \$	0.00			
62. <b>To</b>	tal perso	onal property	y. Add lines 56 thr	rough 61	\$	750.00	Copy personal property total	+\$	750.00
					controlled to the test of the				
63. <b>To</b>	tal of all	property on	Schedule A/B. A	\dd line 55 + line 62.				\$	750.00
								1	

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	Dariese	D. Ross				
Debtor 1	First Name	Middle	Name	Last Name		
Debtor 2 Spouse, if filing)	First Name	Middle	Name	Lest Name		
Inited States I	Bankruptcy Cou	rt for the: Northern	District of Illinois			
ase number						☐ Check if this is
If known)						amended filing
fficial F	orm 10	6C				
ched	ule C	The P	roperty `	You Claim	as Exemp	O4/16
ng the propo ice is neede	erty you listed	on <i>Schedule A/B</i> attach to this page	: Property (Official F	Form 106A/B) as your s	ource, list the property th	or supplying correct information. at you claim as exempt. If more op of any additional pages, write
its the exen uld be limit	nption to a poed to the app	articular dollar a licable statutory	mount and the value amount.	ue of the property is d	•	narket value under a law that at amount, your exemption
ent 1: Id  Which set	nption to a pred to the apprentify the interest of exemptions to the control of t	articular dollar an licable statutory Property You C ns are you claim te and federal no	mount and the value amount.  Claim as Exempt  ing? Check one	ue of the property is d	etermined to exceed th	
which set You ar	nption to a peed to the applied to t	articular dollar ad licable statutory Property You C ns are you claim te and federal not leral exemptions.	ing? Check one one nbankruptcy exempt	ue of the property is d	is filing with you.	
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which set You ar For any pr	mption to a pred to the appred	articular dollar ad licable statutory Property You C ns are you claim te and federal not leral exemptions.	ing? Check one	ue of the property is d  ily, even if your spouse intions. 11 U.S.C. § 522(  (2)  as exempt, fill in the interest of the Amount of t	is filing with you.	
which set You ar You ar For any pr	mption to a pred to the appred	Property You Communications are you claim te and federal not leral exemptions.	mount and the value amount.  Claim as Exempt  ing? Check one	ue of the property is d  ily, even if your spouse in  itions. 11 U.S.C. § 522(  (2)  as exempt, fill in the in  e of the Amount of town  in from Check only of	etermined to exceed the strength of the streng	at amount, your exemption  Specific laws that allow exemptio
its the exenuld be limite art 1: Id  Which set You ar You ar  For any pr  Brief dess Schedule	nption to a ped to the applied to the applied to the applied of exemption to claiming state claiming fed roperty you library and that lists	Property You Communications are you claim te and federal not leral exemptions.	ing? Check one one nbankruptcy exempt 11 U.S.C. § 522(b)  4/B that you claim on Current value portion you cone Schedule A/B	ue of the property is delivered by even if your spouse intions. 11 U.S.C. § 522((2))  as exempt, fill in the interest of the Amount of the pown the control of the control	is filing with you. b)(3) information below. the exemption you claim	at amount, your exemption  Specific laws that allow exemptio
which set You ar You ar For any pr	nption to a pred to the appred	articular dollar audicable statutory  Property You C  Ins are you claim Ite and federal not Iteral exemptions.  Iterative of the statutory  It	ing? Check one one nbankruptcy exempt 11 U.S.C. § 522(b)  A/B that you claim on Current value portion you cone Schedule A/B	ue of the property is defined by, even if your spouse intions. 11 U.S.C. § 522((2))  as exempt, fill in the interpretation of the count	is filing with you. b)(3) information below. the exemption you claim	at amount, your exemption  Specific laws that allow exemptio
which set You ar For any pr Brief descriptior Line from Schedule Brief	ientify the interpretation of exemption of exemption of eclaiming state claiming feet operty you library and that lists  Single  A/B: 1.1	articular dollar audicable statutory  Property You C  Ins are you claim Ite and federal not Ite and federal not Ite and secundary  Ite on Schedule A  Property and line Ithis property	ing? Check one one nbankruptcy exempt 11 U.S.C. § 522(b)  4/B that you claim on Current value portion you cone Schedule A/B	ue of the property is defined by, even if your spouse intions. 11 U.S.C. § 522((2))  as exempt, fill in the interpretation of the count	etermined to exceed the stilling with you. b)(3)  Information below.  The exemption you claim to box for each exemption to	at amount, your exemption  Specific laws that allow exemptio
which set You ar You ar For any pr Brief descriptior Line from Schedule	ientify the interpretation of exemption of exemption of eclaiming state claiming feet from the A/B that lists  Single  A/B: 1.1  Autor  3.1	articular dollar audicable statutory  Property You C  Ins are you claim Ite and federal not Iteral exemptions.  Iterative of the statutory  It	mount and the value amount.  Claim as Exempt  ing? Check one	ue of the property is desired by, even if your spouse in the strict ons. 11 U.S.C. § 522(1/2)  as exempt, fill in the interest of the second of the cown in the from Check only of the cown in the second of t	etermined to exceed the stilling with you. b)(3)  Information below.  The exemption you claim to box for each exemption to	Specific laws that allow exemption.
which set You ar You ar For any pr Brief descriptior Line from Schedule Brief descriptior Line from Schedule Line from	inption to a pred to the appred to the control of the claiming fee claiming fee claiming fee claiming fee croperty you library and the cription of the A/B that lists    Single   A/B:   1.1	articular dollar audicable statutory  Property You Cons are you claim the and federal not leral exemptions.  st on Schedule Augustus property and line this property  E Family Home	mount and the value amount.  Claim as Exempt  ing? Check one	ue of the property is desired by, even if your spouse in the strict ons. 11 U.S.C. § 522(1/2)  as exempt, fill in the interest of the second of the cown in the from Check only of the cown in the second of t	etermined to exceed the stilling with you.  b)(3)  Information below.  The exemption you claim the box for each exemption of the exemption of	Specific laws that allow exemption.

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No☐ Yes

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Dariese	D.	Ross
Danes	υ.	11000

Case number (if known)___

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		Amount	of the exemption you claim	Specific laws that allow exemption		
		Copy the Schedul	e value from e A/B	Check on	ly one box for each exemption			
Brief description:	Clothes	\$	150.00		150.00	735 ILCS 5/12-1001(a)		
Line from Schedule A/B:	11				of fair market value, up to pplicable statutory limit			
Brief description:	Checking Account	\$	200.00	<b>□</b> \$	200.00	735 ILCS 5/12-1001(b)		
Line from Schedule A/B:	17.1				of fair market value, up to pplicable statutory limit			
Delaf					400.00	735 ILCS 5/12-1001(b)		
Brief description:	Savings Account	\$	100.00	<b>□</b> \$	100.00	100 (200 0/ 12-100 1(0)		
Line from Schedule A/B:	17.3				of fair market value, up to pplicable statutory limit			
Brief		•		□ s				
description:		\$			of fair market value, up to			
Line from Schedule A/B:					pplicable statutory limit			
Brief description:		\$			of fair market value, up to			
Line from Schedule A/B:	-				pplicable statutory limit			
Brief		<b>.</b>						
description:		\$			of fair market value, up to			
Line from Schedule A/B:					pplicable statutory limit			
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Line from Schedule A/B:					of fair market value, up to pplicable statutory limit			
Brief description:		\$		<b></b>				
Line from					of fair market value, up to pplicable statutory limit	MANO.		
Schedule A/B:					· · · · · · · · · · · · · · · · · · ·			
Brief		\$		<b>□</b> \$				
description: Line from		*	***************************************	<b>1</b> 00%	of fair market value, up to			
Schedule A/B:	***************************************			-	pplicable statutory limit			
Brief description:		\$		□ \$	of fair market value, up to			
Line from Schedule A/B.					or fair market value, up to opplicable statutory limit			
Brief description:		\$	···········	<b>\$</b>	of fair market value, up to			
Line from Schedule A/B:					or fair market value, up to pplicable statutory limit			
Brief description:		\$		<b>_</b> \$				
Line from Schedule A/B:					of fair market value, up to oplicable statutory limit			

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Fill in this information to identify your cas	e:			
Dariese D. Ross				
Debtor 1 Detrese D. 1033 First Name Middle N	ame Last Name			
(Spouse, if filing) First Name Middle N	ame Last Name			
United States Bankruptcy Court for the: Northern	District of Illinois			
Case number(if known)			☐ Check i	f this is an
(II NIOTIT)			amende	ed filing
Official Form 106D				
	s Who Have Claims Secure	ed by Prop	erty	12/15
Re as complete and accurate as possible.	If two married people are filing together, both are ed	ually responsible fo	or supplying correct	1
information. If more space is needed, copy additional pages, write your name and cas	, the Additional Page, fill it out, number the entries, i	and attach it to this	form. On the top of	any
1. Do any creditors have claims secured b	<b>y your property?</b> n to the court with your other schedules. You have nothi	na else to report on t	his form.	
Yes. Fill in all of the information below.	The the court water your out of constance, you want the			
Part 1: List All Secured Claims		Column A	Column B	Column C
2. List all secured claims. If a creditor has m	ore than one secured claim, list the creditor separately	Amount of claim	Value of collateral	Unsecured
for each claim. If more than one creditor has much as possible, list the claims in alph	as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
্রন	and the state of t	s 111,008.00	s 83,900.00	
Select Portfolio Svcin Creditor's Name	Describe the property that secures the claim:	7	\$;	·
PO BOX 65250	Single FamilyHome	To provide the same of the sam		
Number Street	As of the date you file, the claim is: Check all that apply.			
	Contingent			
Salt lake City UT 84165  City State ZIP Code	Unliquidated			
<u></u>	Disputed			
Who owes the debt? Check one.  Debtor 1 only	Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
At least one of the debtors and another	Other (including a right to offset)	-		
Check if this claim relates to a community debt				
Date debt was incurred 06/01/2007	Last 4 digits of account number 9 7 5 5			0.00
Santander Consumer	Describe the property that secures the claim:	\$ 6,000.00	\$ 4,800.00	0.00
Creditor's Name PO BOX 961245	Automobile			
Number Street	file the plainting Oberland Hilbert and	J		
	As of the date you file, the claim is: Check all that apply.  Contingent			
Fort Worth TX 76161	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit     Other (including a right to offset)			
Check if this claim relates to a				
community debt  Date debt was incurred 01/01/2018	Last 4 digits of account number 9 7 5 5			
Add the dollar value of your entries in C	Column A on this page. Write that number here:	<u>\$ 117,008.00</u>		

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		שטט	umem r	-aye 23 01 37
Fill in this in	formation to i	dentify your case:		
Debtor 1	Dariese D	. Ross		
Debici ,	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	<del></del>
United States I	Bankruptcy Court	t for the: Northern District of Illinois		☐ Check if this is an
Case number (If known)				amended filing
Official F	orm 106	SE/F		

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

any	additional pages, write your name and case nul	mber (if known).				
Pai	t 1: List All of Your PRIORITY Unsecure	ed Claims				
1.	Do any creditors have priority unsecured claims	against you?				
	No. Go to Part 2.					
	☑ Yes.	and a superior of the second s	Elegalya dan dalah		da di Aniyada Nijî	
2.	List all of your priority unsecured claims. If a cre	editor has more than one priority unsecured claim, list th	e creditor se	eparate	ely for each o	alaim. For
	. كا من من من من من من من الله عند الله الله الله الله الله الله الله الل	a claim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's na	a caami neit	allu s		Ulity alla
	nonpriority amounts. As much as possible, list the consequent claims fill out the Continuation Page of	Part 1. If more than one creditor holds a particular claim.	list the other	er cred	itors in Part	3.
	(For an explanation of each type of claim, see the in	nstructions for this form in the instruction booklet.)				
	( or an orpical above of bases specific		Total clair		Priority	Nonpriority amount
					amount	amount
2.1	Indiana Department of Revenue	Last 4 digits of account number 9 7 5 5	\$ <u>971</u>	00 \$	971.00	s <u>0.00</u>
LJ	Priority Creditor's Name					
	PO BOX 0595	When was the debt incurred? 01/01/2016				
	Number Street					
	- IN 4000C	As of the date you file, the claim is: Check all that apply				
4	Indianapolis IN 46206 City State ZIP Code	Contingent				
	City	Unliquidated				
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed				
	Debtor 2 only	Type of PRIORITY unsecured claim:				
	Debtor 1 and Debtor 2 only	Domestic support obligations				
-	At least one of the debtors and another	Taxes and certain other debts you owe the government				
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were				
	Is the claim subject to offset?	intoxicated				
	No	Other. Specify				
	Yes		SANA MENENGAN SEMBERAHAN MENENGAN MENEN	apparential Adminis	a quatiguren ann a mais million (community à se	
2.2	\$ \$\$\$\$\$\$\$\$ \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	Last 4 digits of account number		.00 s	0.00	s 0.00
	Priority Creditor's Name	When was the debt incurred?	·	······································		
		When was the debt incurred?				
	Number Street	As of the date you file, the claim is: Check all that apply				
1		Contingent				
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
	Debtor 1 only	To a standard unacoured claim:				
	Debtor 2 only	Type of PRIORITY unsecured claim:  Domestic support obligations				
1	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government				
1	At least one of the debtors and another	Claims for death or personal injury while you were				
-	Check if this claim is for a community debt	intoxicated				
1	is the claim subject to offset?	Other. Specify				
To the same of the	☐ No					
	Yes					and a first transfer security to the second section of the section of the second section of the section o

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Debtor 1

Dariese	D.	Ross

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Case number (if known)_

Dariese	D.	Ross

Last Name Middle Name

Part 2: List All of Your NONPRIORITY Un	secured Claims			
3. Do any creditors have nonpriority unsecured	claims against you	1?		
☐ No. You have nothing to report in this part. So ✓ Yes	ubmit this form to th	e court with your other schedules.	Negalasia	
4. List all of your nonpriority unsecured claims i	n the alphabetical trately for each clain s a particular claim,	order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three nor	more tha list claims apriority u	ınsecured
		. 0 7 5 5	TOTAL	20,000,000,000,000
Ability Recovery Services LLC Nonpriority Creditor's Name		Last 4 digits of account number 9 7 5 5	\$	143.00
PO BOX 4262		When was the debt incurred? 04/20/2016		domest Array more
Number Street	40505	-		1
Scranton PA	18505 ZIP Code	As of the date you file, the claim is: Check all that apply.		1
City		Contingent		and the second
Who incurred the debt? Check one.		Unliquidated		en com
🗖 Debtor 1 only		☐ Disputed		
<ul><li>Debtor 2 only</li><li>Debtor 1 and Debtor 2 only</li></ul>		Type of NONPRIORITY unsecured claim:		and a second
At least one of the debtors and another		☐ Student loans		
☐ Check if this claim is for a community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Pendrick Capital Partners II		
☑ No ☐ Yes		Other. Specify Pendrick Capital Partners II		
LE TES  IL ENCHMENT LEDIC ACADEL AND ENCHMENTER PROPERTY SUBSTITUTES MESSAGE PROPERTY SERVICE AND ACADEL PROPERTY	alegy/generation 1 provideds for the attraction of the tracking of the contraction of the	Lact 4 digits of account number 9 7 5 5	GESTONIA PERSONA ACCOMPANIANS	427.00
Advocate Medical Group	<u></u>	Last 4 digits of account number 9 / 5 5 When was the debt incurred? 05/25/2014	Ψ	
Nonpriority Creditor's Name		Fallett Ang and apprenticulation		
PO BOX 92523 Number Street		As of the date you file, the claim is: Check all that apply.		
Chicago IL	60675	···		
City State	ZIP Code	☐ Contingent☐ Unliquidated		
Who incurred the debt? Check one.		Disputed		
☑ Debtor 1 only ☐ Debtor 2 only				
Deptor 2 only  Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce</li> </ul>		
☐ Check if this claim is for a community debt	<u> </u>	that you did not report as priority claims		
Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical		
<b>☑</b> No		☑ Other. Specify Medical		
Press	TENNEN AND THE AND THE PROPERTY OF THE PROPERT		, magang at any long menggang penggang	
Advocate South Suburban Hospital		Last 4 digits of account number 9 7 5 5	\$	19,295.00
Nonpriority Creditor's Name 22091 Network Place		When was the debt incurred? 05/25/2014		
Number Street	00070	_		
Chicago IL State	60673 ZIP Code	As of the date you file, the claim is: Check all that apply.		
City		☐ Contingent		
Who incurred the debt? Check one.		Unliquidated		
□ Debtor 1 only     □ Debtor 2 only		☐ Disputed		
Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another		☐ Student loans		
Check if this claim is for a community deb	t	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	<b>;</b>	
<b>☑</b> No		Other Specify Medical		
Yes				

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Debtor 1

Dariese D. Ross
First Name Middle Name

Document

Last Name

Case number (if known)_

ation Pag
1

After listing any entries on this page, number th	nem beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
Dynia & Associates, LLC	WARRAN TO THE RESIDENCE OF THE PERSON OF THE	Last 4 digits of account number 9 7 5 5	\$553.00
Nonpriority Creditor's Name 4849 N Milwaukee Ave, Suite 801		When was the debt incurred? 06/12/2014	
Number Street Chicago IL	60630	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	ZIP Code	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community deb	ot	<ul> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify The Cash Line/Cash Supply</li> </ul>	
is the claim subject to diset?  ☑ No ☐ Yes		Clinel. Specify 1110 Caust. 2000	Nobel and UNIO Designs from concept of the World Well of the World
Community Care Network, Inc	n-cody occurrence and a big-blook-way surgerns accommenced and	Last 4 digits of account number 9 7 5 5	\$ 638.00
PO BOX 88010 Number Street		- Mileti Ad2 file next bloation.	
Chicago IL City State	60680 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	
Who incurred the debt? Check one.  ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only		Disputed  Type of NONPRIORITY unsecured claim:  Student loans	
☐ At least one of the debtors and another ☐ Check if this claim is for a community deb Is the claim subject to offset?	ot .	<ul> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Medical</li> </ul>	
☑ No ☐ Yes	jojo sinned za wangog wa historiisaya is baytini iyo ka kawa ka		granasis-noona eranaseraneen eranaseraneen eranaseraneen eranaseraneen eranaseraneen eranaseraneen eranaserane
.6 Community HealthCare Ssystem		Last 4 digits of account number 9 7 5 5	\$ 268.00
Nonpriority Creditor's Name PO BOX 88012		When was the debt incurred? 06/20/2017	
Number Street Chicago IL	60680 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent	
City State  Who incurred the debt? Check one.	ZIP COO <del>u</del>	Unliquidated Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community deb	ot	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical	
☑ No ☐ Yes			190

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Debtor 1

Dariese D. Ross
First Name Middle Name

Last Name

Case number (if known)_

Part 2:	Your NONPRIORITY	Unsecured	Claims -	Continuation	Pag
---------	------------------	-----------	----------	--------------	-----

Community HealtCare	Community HealtCare System		Last 4 digits of account number 9 7 5 5	s <u>47</u>
Nonpriority Creditor's Name PO BOX 3604			When was the debt incurred? 03/30/2016	
Number Street Munster	IN	46321	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Che	State	ZIP Code	Contingent Unliquidated Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors a			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for is the claim subject to offset	•	1	Debts to pension or profit-sharing plans, and other similar debts  Other, Specify Medical	
₩ No Yes				
and common description than the explanation where the color and contract the color of the color	المستعمل والمستعمد والمستع	"A-CCCCACCE COMPANIES AND ANALOGO A-CCCCACACACACACACACACACACACACACACACACA	Last 4 digits of account number 9 7 5 5	s 14
Dish Network Nonpriority Creditor's Name			07/00/0040	Ψ
PO BOX 94063			When was the debt incurred? 07/20/2016	
Palatine	IL	60094	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Chec	rk one		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors at	nd another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for	a community debt		you did not report as priority claims	
s the claim subject to offset	?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify. Cable	
☑ No ☑ Yes	•		Curer. Specify_Cable	
	emin e y volknigovin e mon v dok med aviživinski rezzesi e 4 prozenica i čo	haharan penjema (12 typi, Ching), handemilika Shellere (1.5 typimba) arhabiliya Shell	Last 4 digits of account number 9 7 5 5	\$_2,637
Franciscan Alliance Inclopriority Creditor's Name	•			
28044 Network Place				
Chicago	IL	60673	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent Unliquidated	
Vho incurred the debt? Chec	k one.		Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors ar	d another		Student loans	
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset	?		✓ Other Specify Medical	
<b>Z</b> No				

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Debtor 1

Dariese D. Ross First Name Middle Name

Document Last Name

Case number (if known)_

Your NONPRIORITY Unsecured Claims — Continuation Page

				e de	
Afte	er listing any entries on this page, number them	beginning with	4.4, followed by 4.5, and so forth.	To	tal claim
5.1	Franciscan Alliance Dept 78976		Last 4 digits of account number 9 7 5 5	\$	184.00
	Nonpriority Creditor's Name PO BOX 78000		When was the debt incurred? 11/25/2014		
	Number Street  Detroit MI	48278	As of the date you file, the claim is: Check all that apply.		
	City State :	ZIP Code	Contingent Unliquidated		
	Debtor 1 only		☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:  Student loans		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical		
	☑ No □ Yes		, , , , , , , , , , , , , , , , , , ,		
5.2	Franciscan Alliance	AN CARLON AND CONTROL	Last 4 digits of account number 9 7 5 5	**************************************	292.00
	Nonpriority Creditor's Name		When was the debt incurred? 02/18/2013	-	
	PO BOX 660383  Number Street	46066	.  As of the date you file, the claim is: Check all that apply.		
	Indianapolis IN  City State Z	46266 ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only				
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:  Student loans		
	At least one of the debtors and another		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?  ☑ No □ Yes		☑ Other Specify Medical		
5.3	erandiatakuntat norda andareksisiski den maksiskiski king shambi sistem di shakera montus norda norda norda sistem di shakera	gorphilistic (s. 14 1930) a hair deachdad (s. 14 1940) a d'earmachd (s. 14 1941) a dha shin shi shi sh	Last 4 digits of account number 9 7 5 5	\$	304.00
	Friendly Dental Care Nonpriority Creditor's Name		When was the debt incurred? 07/15/2017		
	8079 Madison Street Number Street		As of the date you file, the claim is: Check all that apply.		
		46410 IP Code	Contingent		er pelma abbel en arra
	Who incurred the debt? Check one.		☐ Unliquidated		- CONTROL - CONT
	Debter 1 only		☐ Disputed		1
	Debtor 2 only		Type of <b>NONPRIORITY</b> unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		o Established
	s the claim subject to offset?		Depts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical		Annual years of the same of
	☑ No ☑ Yes				Approximation and the second

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Debtor 1

Dariese D. Ross Middle Name First Name

Last Name

Case number (if known)_

Part 2:	Your P	IONPRIO	RITY	Unsec	cured	Claims	C	ontinua	ation	Page

Afte	er listing any entries on this page	, number th	em beginning with	14.4, followed by 4.5, and so forth.	Total claim
5.4	Gafco			Last 4 digits of account number 9 7 5 5	\$_1,056.00
	Nonpriority Creditor's Name 20 North Wacker Drive Sui	te 2275		When was the debt incurred? 01/19/2015	-
	Number Street Chicago	IL	60606	As of the date you file, the claim is: Check all that apply.	
	City  Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and ano	ther		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a coming the claim subject to offset?  ☑ No	imunity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection Account	
	☐ Yes				
5.5	The Methodist Hospitals			Last 4 digits of account number 9 7 5 5	\$ 250.00
	Nonpriority Creditor's Name 27312 Network Pl			When was the debt incurred? 04/05/2017	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Chicago City	IL State	60673 ZIP Code		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only			Time of NONDRIGHTY upgeoused plains	
	Debtor 2 only  Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and anot	ther		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a com-	munity debt		you did not report as priority claims	
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Medical	
	No Yes				
5.6	Munster Radiology Group P	termining (All 1825 Sear All Antillion and Antillion Association (All 1825 Antillion Antillion Association (A	erikh (IV) ki, h hiji wi (Billin) (Phymrywel sahyi)yel iu (Dhoritinh balililini to di Billinje	Last 4 digits of account number 9 7 5 5	_{\$} 4,900.00
	Nonpriority Creditor's Name			When was the debt incurred? 06/20/2017	
	PO BOX 3248 Number Street			Wileii was the dept incurred?	
	Indianapolis	IN	46206	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	S S S S S S S S S S S S S S S S S S S
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	ann an ann
	Debtor 1 only			•	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	and a portion and
	Debtor 1 and Debtor 2 only  At least one of the debtors and anoth	har		Student loans	a communication of the communi
				<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	and control of the co
	Check if this claim is for a comm	nunity debt		Debts to pension or profit-sharing plans, and other similar debts	and door as a case
	s the claim subject to offset? ☑ No ☑ Yes			Other. Specify Medical	

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Debtor 1

Dariese D. Ross Middle Name

Case number (if known)_

Last Name

r listing any entries on this	page, number the	em beginning witi	h 4.4, followed by 4.5, and so forth.	Total cla
Prairie State Pulmonar	У		Last 4 digits of account number 9 7 5 5	s <u>338</u>
Nonpriority Creditor's Name PO BOX 914			When was the debt incurred? 03/30/2016	
Number Street Richton Park	IL	60471	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	<ul> <li>☐ Contingent</li> <li>☐ Unliquidated</li> </ul>	
Who incurred the debt? Chec	k one.		D Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	•		Other Specify Medical	
₩ No				
Yes				
	ang ananggang pananggang ang ang ang ang ang ang ang an		Last 4 digits of account number 9 7 5 5	s 1,68
Rotech HealthCare Inc	- Orlando Dep	t #59		* <u></u>
27312 Network Pl			When was the debt incurred? U8/U3/2017	
Number Street Orlando	FL	32885	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	k one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			Lisputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors an	d another		☐ Student loans	
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a	•		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  No	•		Other. Specify Medical	
Yes				
урасын жасан онгоннын тэйн сүүн бөгүнөгүү үедүүсөн үзүч элгээс бойун буйд айсыналары байсын айысын айыс	od SCR komikalnik a majalanda omin omitte ir et til til till et steptemett (ögnin till till et sieta till till	adii varra kurtuuri ha' essaalii kalegii peli harrahyeelu kurtaretii wata ya ta yattii kalekaliisii	CONTRACTOR OF A CONTRACTOR OF THE CONTRACTOR OF T	\$ 1,203
Sprint Wireless			Last 4 digits of account number 9 7 5 5	
Nonpriority Creditor's Name 6391 Sprint Parkway			When was the debt incurred? $\frac{06/08/2015}{}$	
Number Street	*/^	00054	As of the date you file, the claim is: Check all that apply.	
Overland Park	KS State	66251 ZIP Code	Contingent	
•			Unliquidated	
Who incurred the debt? Check	onė.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and	d another		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts	
ls the claim subject to offset?	•		☑ Other. Specify Cellular	
<b>☑</b> No				

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Debtor 1

Dariese D. Ross First Name Middle Name

Document Last Name

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r listing any entries on this pa	nge, number the	m beginning witi	h 4.4, followed by 4.5, and so forth.	Total
US Cellular			Last 4 digits of account number 9 7 5 5	<u>\$3</u>
Nonpriority Creditor's Name			When was the debt incurred? 03/20/2015	
Dept 0205			When was the dest mountain	
Number Street Palatine	IL	60055	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
•			☐ Unliquidated	
Who incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only			T (MANDE CENTY)	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and	athar		Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other Specify Cellular	
<b>☑</b> No				
☐ Yes				
ung persintak nakamanan sakatan seruntan kang pengangan ti pengangan ti pengan pengan sakan sakan seruntan bersah bersah	gyf y farfanniau ar a-mae a fernau'r begly blerfynn byn gleddaethau en	nondunisting ermonologische Sphilippe von Glade (1986 eine Verentstelle		s 1:
Verizon Wireless			Last 4 digits of account number 9 7 5 5	\$ <u>1</u>
Nonpriority Creditor's Name PO BOX 25505			When was the debt incurred? 02/20/2012	
Number Street	DA	40000	As of the date you file, the claim is: Check all that apply.	
Lehigh Valley	PA State	18002 ZIP Code	Contingent	
City	Jiaio	2.1 0000	Unliquidated	
Who incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			✓ Other. Specify Cellular	
No				
Yes				
iller fassion from energy of shows of the lives for his lawy source for the resident productive constructive from each of a constructive for the residency of the constructive for the residency	endysvo glednostnostati sink i russiliomi s juriju je meljukralja seklukra i sercije.	andrite directly by a preference preference and the terropertures?	Last 4 digits of account number 9 7 5 5	\$
Wadas Dental Center Cr	own Point			
Nonpriority Creditor's Name			When was the debt incurred? 08/09/2016	
11055 Broadway, Suite I			man and the state of the state	
Crown Point	IN	46307	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
			Unliquidated	
Who incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and	another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
			you did not report as priority claims	
Check if this claim is for a c	community debt		Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?			☑ Other Specify Medical	
₩ No				
☐ Yes				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.000

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Debtor 1

Dariese D. Ross
First Name Middle Name

Last Name

Case number (if known)_

Part 2:	Your NONPRIORITY	Unsecured (	Claims	Continuation	Page
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fter listing any entries on thi				
Credit One Bank	Northead to the control of the contr		Last 4 digits of account number 9 7 5 5	_{\$} 550.0
Nonpriority Creditor's Name PO BOX 98875			When was the debt incurred? 06/01/2016	
Number Street Las Vegas	NV	89193	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Che  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for Is the claim subject to offset	and another r a community debt	ZIP Code	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
Comcast	осында байный положиния кальностыну и егип узопына алыпыналынын күчөнын	den er	Last 4 digits of account number 9 7 5 5	s 328.0
Nonpriority Creditor's Name PO BOX 3001			When was the debt incurred? 12/11/2017	
Number Street Southeaster	PA	19398	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>	
City		ZIP Code	□ Contingent □ Unliquidated	
Who incurred the debt? Che  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a  Check if this claim is for Is the claim subject to offset  No Yes	nd another a community debt		<ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Cable, Internet, Phone</li> </ul>	
Chase Bank	AGRENA PER PER SENSE	о так же так же до же	Last 4 digits of account number 9 7 5 5	s 1,400.00
Nonpriority Creditor's Name PO BOX 15298			When was the debt incurred? 01/01/2018	
Number Street Wilmington	DE	19850	As of the date you file, the claim is: Check all that apply.	
City	State Z	ZIP Code	Contingent Unliquidated	
Who incurred the debt? Chec	ck one.		☐ Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this claim is for a			Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset  No Pes	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account	

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Debtor 1

Dariese D. Ross First Name

Middle Name

Last Name

Case number (if known)_

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锤	£и	ice	娷	w	ň

### Your NONPRIORITY Unsecured Claims — Continuation Page

any entries on this pay	ys, number them beginning wi	th 4.4, followed by 4.5, and so forth,	Total clair	
CFI Resorts Management	t Inc	Last 4 digits of account number 9 7 5 5	<b>\$</b> 13,000.	
2801 Old Winter Garden I	Rd	When was the debt incurred? 01/01/2018	\$ 10,000.0	
Number Street Ocoee	FL 34761	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check on  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and an	nother	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for a colls the claim subject to offset? ☑ No ☐ Yes	mmunity debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Westgate Palace Owner's Asso		
and the first of t	ka minendia mengala sebagai kenangan pengangan pengangan dan Salama Angan penda dan dan Jamangay sebagai sahang	Last 4 digits of account number	ESYVANIONY/MEDOOTATA NI OMAGINANIENGI	
Nonpriority Creditor's Name		When was the debt incurred?		
Number Street		As of the date you file, the claim is: Check all that apply.		
City	State ZIP Code	☐ Contingent		
Who incurred the debt? Check one Debtor 1 only	3.	☐ Unliquidated ☐ Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	other	Type of NONPRIORITY unsecured claim:  Student loans		
Check if this claim is for a con		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>		
Is the claim subject to offset?  No Yes		Other. Specify		
. ««««««««««««««««««««««««««««««««««««	ten terretak in disintak dan dan persebanya perseka di disintak dan dan dan persekatan di disintak dan bada pengebah	Last 4 digits of account number	\$	
Nonpriority Creditor's Name		When was the debt incurred?		
Number Street		As of the date you file, the claim is: Check all that apply.		
City	State ZIP Code	Contingent		
Who incurred the debt? Check one		☐ Unfiquidated ☐ Disputed		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:  Student loans		
<ul><li>At least one of the debtors and and</li><li>Check if this claim is for a com</li></ul>		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Is the claim subject to offset?  No Yes	e/nty debt	☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify		

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Debtor 1

Dariese D. Ross Middle Name

Last Name

Case number (if known)_

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

EMP of Cook County LL	<u>C</u>		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 1423 Chicago Rd			Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Chicago Heights	IL.	60411	Last 4 digits of account number 9 7 5 5
City moderal combinations of the action and the control of the con	State	ZIP Code	
Illinois Collection Service	e, Inc		On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 1010			Line 4.3 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☑ Part 2: Creditors with Nonpriority Unsecured
week and the second sec			Claims
Tinley Park	IL State	60477 ZIP Code	Last 4 digits of account number 9 7 5 5
Atlas Acquisitions LLC	MENNY TO SERVE FOR EAST OF SERVE AND	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	On which entry in Part 1 or Part 2 did you list the original creditor?
294 Union St			Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Hackensack	NJ State	07601 ZIP Code	Last 4 digits of account number 9 7 5 5
TrustMark Recovery Ser	- HE SEMBET - DEVERSABLE CONTRACTORS	OMETS-NORMANISMENSON CONTRACTOR OF THE STATE STA	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		······································	
541 Otis Bowen Drive Number Street			Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Fart 2: Creditors with Nonpriority Unsecured
Sampor Strock			Claims
Munster	IN State	46321	Last 4 digits of account number 9 7 5 5
		enhingen volt für dieleten zuste resett noomerin	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			on which cray in rate 1 of rate 2 and you list the original ordator.
9650 Gordon Drive			Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
tumber Street Attorneys At Law			✓ Part 2: Creditors with Nonpriority Unsecured Claims
Highland	IN	46322	Last 4 digits of account number 9 7 5 5
City confinition of the confinition of the confinit	State	ZIP Code	
AFNI lame			On which entry in Part 1 or Part 2 did you list the original creditor?
1310 Martin Luther King	Drive		Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured
PO BOX 3517		0.1700	Claims
Bloomington  ity	IL State	61702 ZIP Code	Last 4 digits of account number 9 7 5 5 5
Harris & Harris, Ltd			On which entry in Part 1 or Part 2 did you list the original creditor?
111 West Jackson Boule	/ard, Suit	e 400	Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street		······	Part 2: Creditors with Nonpriority Unsecured
			Claims
Chicago	IL	60604	Last 4 digits of account number 9 7 5 5

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Debtor 1

Dariese	D.	Ross
First Name	Mi	idle Name

Case number (if known)_

Part 3:

Last Name List Others to Be Notified About a Debt That You Already Listed

Enhanced Recovery C	ompany LL(	<u> </u>	sons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  On which entry in Part 1 or Part 2 did you list the original creditor?		
PO BOX 23870			Line 5.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims		
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim		
Jacksonville City	FL State	32241 ZIP Code	Last 4 digits of account number 9 7 5 5		
Convergent Outsourcin	in demonstration with the degree of the last constant	Zgorupy-∞-g-y-f-ugg-u ² y-Cygc.u-y ² /2-a-g+r-y ² /2-mMety-lin	On which entry in Part 1 or Part 2 did you list the original creditor?		
PO BOX 9004			Line 5.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims		
Number Street	•		Part 2: Creditors with Nonpriority Unsecured Claims		
Renton	WA State	98057 ZIP Code	Last 4 digits of account number 9 7 5 5		
ili kid eliiliku u rugavaenakiskii hi miniminki keesimeri sakairin eeritte valvastiitoineeri etenkoritiisi keesime •	CYTESPES RESPONDE CARGOLIUM AT ER STERRESSION OF				
Diversified Consultants	, Inc	· · · · · · · · · · · · · · · · · · ·	On which entry in Part 1 or Part 2 did you list the original creditor?		
PO BOX 551268			Line 6.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims		
Number Street		<del></del>	Part 2: Creditors with Nonpriority Unsecured		
			Claims		
Jacksonville _{Dity}	FL State	32255 ZIP Code	Last 4 digits of account number 9 7 5 5		
illustration on the first of the first transfer of the second of the sec	S - 450 - 840 minst abite 2 by September Mannitor	- se come erans sement force <del>s</del> um erane somme erannes.	On which antry in Dart 4 or Dart 2 did you lint the ariginal araditor?		
vame			On which entry in Part 1 or Part 2 did you list the original creditor?		
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims		
lumber Street			Part 2: Creditors with Nonpriority Unsecured		
	····	······································	Claims		
			Last 4 digits of account number		
iky mpaganaagaysaayagaa oo saa qos a aaraanaa aasab ah man ah aa taraarka nooroo	State	ZIP Code			
ame			On which entry in Part 1 or Part 2 did you list the original creditor?		
ыпо			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims		
lumber Street		<del></del>	□ Part 2: Creditors with Nonpriority Unsecured		
			Claims		
			Last 4 digits of account number		
ity meneralisentasianasianian rivatarianasia, propositi and the control control control control control control control	State	ZIP Code	rast a nitita oi accomit iminat ————————————————————————————————————		
			On which entry in Part 1 or Part 2 did you list the original creditor?		
ame		· · · · · · · · · · · · · · · · · · ·			
Diam's and a second		<del></del>	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims		
umber Street			Part 2: Creditors with Nonpriority Unsecured Claims		
and the state of t			<del></del>		
ity	State	ZIP Code	Last 4 digits of account number		
	6-10-10-10-10-10-10-10-10-10-10-10-10-10-	#12   4   1   1   1   1   1   1   1   1   1	On which entry in Part 1 or Part 2 did you list the original creditor?		
21110			I (Charles and C) Date (Condition with Date of C)		
umber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims		
			Part 2: Creditors with Nonpriority Unsecured Claims		
**************************************					
			Last 4 digits of account number		

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| Dariese D. Ross | Document Page 35 of 57 | Case number (if known) | Case number (if

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8.a	 	
		nou.

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

:				
			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
nom Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	971.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. <b>Total</b> . Add lines 6a through 6d.	6e.	\$	971.00
:			Total claim	
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
, on the late	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
:	Other. Add all other nonpriority unsecured claims.     Write that amount here.	6i.	+ <u>\$</u>	50,610.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$	50,610.00

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Fill in this in	Fill in this information to identify your case:						
Debtor	Dariese D. R						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse If filing)	First Name	Middle Name	Last Name				
United States E	Bankruptcy Court for th	e: Northern District of	Illinois				
Case number (If known)		L. L	<del></del>				
			<u> </u>				

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - 🖵 Yes, Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for
  example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and
  unexpired leases.

	Person o	r company wi	th whom you	have the contrac	ct or lease	State what the contract or lease is for
2.1	gisha thi is in			TO A CONTRACTOR OF THE CONTRACTOR OF T		Parity year and a consequence and a consequence of the second of the second of the second of the second of the
	Name	·		-,		
	Number	Street			,	
inaborp	City		State	ZiP Code		
2.2						
	Name					
	Number	Street				
n nerowe	City		State	ZIP Code	una en en esta esta a referencia entra en	
2.3						
	Name					
	Number	Street	· <del>** **</del>			
Speake, star man	City		State	ZIP Code	compage 4 manuacitatassassas in the part of the part o	
2.4	e Company of the Comp					
	Name					
	Number	Street		Marina de la companya del companya de la companya del companya de la companya de		
	City	ur a senantico ante notariones per 10 single a 100m	State	ZIP Code		
2.5						
ليبسب	Name					
	Number	Street		<u> </u>		
	City		State	ZIP Code		and the second

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Debtor 1         Dariese D. Ross           First Name         Middle Name           Debtor 2         Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of Illinois
Case number(If known)

Official Form 106H

#### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people

	. *	you are filing a joint case, do not	list either spouse	as a codebtor.)
•	l No			
	Yes	as lived in a community property	v etato or torritor	y? (Community property states and territories include
	•	ana, Nevada, New Mexico, Puerto		
V	No. Go to line 3.			
	Yes. Did your spouse, former	spouse, or legal equivalent live w	ith you at the time	9?
	□ No			
	Yes. In which community	state or territory did you live?		Fill in the name and current address of that person.
	Name of your spouse, former spo	ouse, or legal equivalent		_
	Number Street			_
	City	State	ZIP Code	<del></del>
S	own in line 2 again as a code chedule D (Official Form 106D chedule E/F, or Schedule G to	), <i>Schedule E/F</i> (Official Form 1	arantor or cosign 106E/F), or Sched	or if your spouse is filing with you. List the person ler. Make sure you have listed the creditor on fulle G (Official Form 106G). Use Schedule D,
So So	chedule D (Official Form 106D	), <i>Schedule E/F</i> (Official Form 1	arantor or cosign 106E/F), or Sched	er. Make sure you have listed the creditor on
So So	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor	), <i>Schedule E/F</i> (Official Form 1	arantor or cosign 106E/F), or Sched	er. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the de
So So	chedule D (Official Form 106E chedule E/F, or Schedule G to	), <i>Schedule E/F</i> (Official Form 1	arantor or cosign	er. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the de
se se	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor	), <i>Schedule E/F</i> (Official Form 1	arantor or cosign	ter. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the de  Check all schedules that apply:
Sc Sc	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor	), <i>Schedule E/F</i> (Official Form 1	arantor or cosign 106E/F), or Sched	cer. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the de  Check all schedules that apply:  Schedule D, line Schedule E/F, line
Sc Sc	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor  Name  Number Street	), <i>Schedule E/F</i> (Official Form 1 ) fill out Column 2.	06E/F), or Sched	cer. Make sure you have listed the creditor on fule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the de  Check all schedules that apply:  Schedule D, line Schedule E/F, line
sa sa	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor  Name  Number Street	), <i>Schedule E/F</i> (Official Form 1 ) fill out Column 2.	06E/F), or Sched	Column 2: The creditor to whom you owe the description of the Check all schedules that apply:  Schedule D, line Schedule G, line Schedule G, line Schedule D, line Schedule D, line
sa sa a	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor  Name  Number Street	), <i>Schedule E/F</i> (Official Form 1 ) fill out Column 2.	06E/F), or Sched	column 2: The creditor to whom you owe the description of the Column 2: The creditor to whom you owe the description of the Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line
so so	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor  Name  Number Street  City	), <i>Schedule E/F</i> (Official Form 1 ) fill out Column 2.	06E/F), or Sched	Column 2: The creditor to whom you owe the description of the Check all schedules that apply:  Schedule D, line Schedule G, line Schedule D, line Schedule D, line Schedule D, line Schedule E/F, line Schedule D, line
so so	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor  Name  Number Street  Number Street	o), Schedule E/F (Official Form 1 offil out Column 2.	ZIP Code	Column 2: The creditor to whom you owe the description of the Column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the creditor o
	chedule D (Official Form 106E chedule E/F, or Schedule G to Column 1: Your codebtor  Name  Number Street  Number Street	o), Schedule E/F (Official Form 1 offil out Column 2.	ZIP Code	Column 2: The creditor to whom you owe the description of the Greek all schedules that apply:  Schedule D, line Schedule G, line Schedule D, line
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	chedule D (Official Form 106E chedule E/F, or Schedule G to chedule E/F, or Schedule G to chedule Schedule G to chedule E/F, or Schedule G to chedule E/F, or Schedule G to chedule G to chedule E/F, or Schedule G to chedule G to chedule G to chedule E/F, or Schedule G to chedule	o), Schedule E/F (Official Form 1 offil out Column 2.	ZIP Code	Column 2: The creditor to whom you owe the description of the Column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the column 2: The creditor to whom you owe the description of the creditor o

Fill in this information to identify	your case:				
Debtor 1 Dariese D. Ro					
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name		Last Name			
United States Bankruptcy Court for the:	Northern District of Illinois				
Case number			Check if th		
			<del></del>	ended filing lement showing post	netition chapter 13
				as of the following d	
Official Form 106I			MM / DE	D/ YYYY	
Schedule I: You	ır Income				12/15
Be as complete and accurate as posupplying correct information. If you feel you are separated and your spouseparate sheet to this form. On the	ou are married and not filin use is not filing with you, d top of any additional page	g jointly, and your s o not include inform	pouse is living with yo ation about your spou	ou, include informationse. If more space is n	n about your spouse. eeded, attach a
Fill in your employment information.		Debtor 1		Debtor 2 or non-fi	ling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.		,			
Occupation may include student or homemaker, if it applies.	Occupation	District Mgr			
	Employer's name	Wendy's		***************************************	
	Employer's address	389 William Lati	nam	Number Street	
		Bourbonnais	IL 60914		
			ate ZIP Code	City	State ZIP Code
THE CONTRACTOR OF THE CONTRACT	How long employed there	? 3608		3608	
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated	•				
If you or your non-filing spouse ha below. If you need more space, at	ive more than one employer ttach a separate sheet to this	, combine the informate form.	tion for all employers for	r that person on the line	es .
The state of the s			For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sale deductions). If not paid monthly,	ary, and commissions (befo calculate what the monthly v	ore all payroil vage would be. 2.	\$_4,124.00	\$	
3. Estimate and list monthly over	time pay.	3.	+\$0.00	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.	4.	\$_4,124.00	\$	

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Debtor 1	Dariese D. Ross First Name Middle Name Last Name		С	ase number (if knowi	າ)			······································
			Fo	r Debtor 1	For Debtor 2 or non-filing spous	e		
Сору	/ line 4 here	<b>≯</b> 4.	\$_	4,124.00	\$			
5. List a	ıll payroil deductions:							
5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	961.00	\$			
	Mandatory contributions for retirement plans	5b.	\$	0.00	\$			
	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	_		
5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$			
5e.	Insurance	5e.	\$_	496.00	\$			
5f.	Domestic support obligations	5f.	\$	0.00	\$	v		
50	Union dues	5g.	\$_	0.00	\$			
_	Other deductions. Specify:	5h.	+\$	0.00	+ \$			
	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	1,457.00	\$			
7. Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,667.00	\$	_		
8. List	all other income regularly received:							
1	Net income from rental property and from operating a business, profession, or farm							
į	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	\$	·····		
	Interest and dividends	8b.	\$_	0.00	\$			
	Family support payments that you, a non-filing spouse, or a depende regularly receive	nt						
;	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$			
8d.	Unemployment compensation	8d.	\$	0.00	\$			
8e. 9	Social Security	8e.	\$	0.00	\$			
· <b>!</b> !	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	0.00	\$	<del></del>		
8a i	Pension or retirement income	8g.	\$	0.00	\$			
_	Other monthly income. Specify:	8h.	+ \$	0.00	+\$			
	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00	\$	_		
10. <b>Caic</b> u Add 1	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2,667.00	\$		\$	2,667.00
Inclu	e all other regular contributions to the expenses that you list in Scheood de contributions from an unmarried partner, members of your household, you dis or relatives.	<i>iule J</i> /our d	<i>l.</i> lepend	ents, your room	mates, and other			
Do no Spec	ot include any amounts already included in lines 2-10 or amounts that are lify:		vailable	e to pay expense		J. 11. <b>+</b>	\$	0.00
•	the amount in the last column of line 10 to the amount in line 11. The		is the	combined mont	hlv income.			
Write	that amount on the Summary of Your Assets and Liabilities and Certain S	itatisti	ical Inf	ormation, if it app	plies	12.		2,667.00 nbined nthly income
13. <b>Do</b> y	ou expect an increase or decrease within the year after you file this t	orm?	,				<del></del>	
	Yes. Explain:							

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Fill in this information to identify your case:			
Debtor 1 Dariese D. Ross First Name Middle Name Last Name	Check if this	is:	
Debtor 2	An amer	ided filing	
(Spouse, if filing) First Name Middle Name Last Name	☐ A supple	ment showing post	
United States Bankruptcy Court for the: Northern District of Illinois		s as of the following	g date:
Case number (if known)	MM / DD	YYYY	
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are fil information. If more space is needed, attach another sheet to this form (if known). Answer every question.	ing together, both are equally res n. On the top of any additional pa	sponsible for supply ges, write your nam	ing correct e and case number
Part 1: Describe Your Household			
1. Is this a joint case?			
<ul><li>✓ No. Go to line 2.</li><li>✓ Yes. Does Debtor 2 live in a separate household?</li></ul>			
☐ No			
Yes. Debtor 2 must file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.	~	A
2. Do you have dependents? In No No No not list Debtor 1 and In Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2. each dependent  Do not state the dependents'	Son	15	₩ No
names.	<del></del>	<del></del>	☐ Yes
	Son	_13	☑ No ☐ Yes
	Daughter	10	<b>☑</b> No
	<u> </u>	and Management and the second	☐ Yes
		·	U No □ Yes
			☐ No
			Yes
3. Do your expenses include No			
expenses of people other than yourself and your dependents?			
		angangga yang gana anda a safi a Sari Nati Nati Sari a	
Part 2: Estimate Your Ongoing Monthly Expenses		nt in a Chantor 12 a	and to report
Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplemental policiable date.	ental <i>Schedule J</i> , check the box a	at the top of the form	and fill in the
Include expenses paid for with non-cash government assistance if you		\$ZSZERSZE	
such assistance and have included it on Schedule I: Your Income (Offi		Your expe	1505
<ol> <li>The rental or home ownership expenses for your residence. Include any rent for the ground or lot.</li> </ol>	first mortgage payments and	4. \$	1,116.00
If not included in line 4:		40 \$	0.00
4a. Real estate taxes		4a. \$ 4b. \$	0.00
4b. Property, homeowner's, or renter's insurance		40. \$ 4c. \$	0.00
<ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>		4d. \$	0.00
4d. Homeowner's association or condominium dues		Ψ	

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Debtor 1 Dariese D. Ross
First Name Middle Name Last Name

Case number (if known)

			Your ex	penses
5	5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
é	3. Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	300.00
	6b. Water, sewer, garbage collection	6b.	\$	55.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7	Food and housekeeping supplies	7.	\$	300.00
8	Childcare and children's education costs	8.	\$	100.00
9	Clothing, laundry, and dry cleaning	9.	\$	60.00
10	Personal care products and services	10.	\$	120.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.		¢	120.00
	Do not include car payments.	12.	Φ	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	40.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	120.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other, Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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r. Specify:	21.	+\$	0.00
ulate your monthly expenses.		No. of Concession, Name of	
Add lines 4 through 21.	22a.	\$	2,606.00
Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	2,606.00
		¢	2,667.00
Copy line 12 (your combined monthly income) from Schedule I.	23a.	Ψ	
Copy your monthly expenses from line 22c above.	23b.	\$	2,606.00
Subtract your monthly expenses from your monthly income.			61.00
The result is your monthly net income.	23c.	<b>a</b>	<u> </u>
ample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage?			
10. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14			
i x	Add lines 4 through 21.  Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  Add line 22a and 22b. The result is your monthly expenses.  Late your monthly net income.  Copy line 12 (your combined monthly income) from Schedule I.  Copy your monthly expenses from line 22c above.  Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  Let a prove the province of the province	Add lines 4 through 21. 22a.  Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b.  Add line 22a and 22b. The result is your monthly expenses. 22c.  Add line 22a and 22b. The result is your monthly expenses. 22c.  Add line 12 (your combined monthly income) from Schedule I. 23a.  Copy your monthly expenses from line 22c above. 23b.  Subtract your monthly expenses from your monthly income.  The result is your monthly net income. 23c.  Du expect an increase or decrease in your expenses within the year after you file this form?  example, do you expect to finish paying for your car loan within the year or do you expect your gage payment to increase or decrease because of a modification to the terms of your mortgage?	culate your monthly expenses.  Add lines 4 through 21.  Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  Add line 22a and 22b. The result is your monthly expenses.  22c.  S

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Fill in this in	formation to iden	tify your case:			
Debtor 1	Dariese D.	Ross			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for f	he: Northern District of I	Ilinois		
Case number (If known)					
(ii known)					Check if thi
					amende

#### Official Form 106Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?	:
☑ No		
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and	
	Signature (Official Form 119).	
Under penalty of perjury, I declare that I have read th that they are true and correct.	e summary and schedules filed with this declaration and	
190	*	
Šignature of Debtor 1	Signature of Debtor 2	
Date Of /2 2/2018 MM / DD / YYYY	Date MM / DD / YYYY	and the second s

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Fill in this information to identify your case:			
Debtor 1 Dariese D. Ross			
First Name Middle Name  Debtor 2	Last Name		
(Spouse, if filing) First Name Middle Name	Last Name	Name Land Constitution (1980)	
United States Bankruptcy Court for the: Northern District of	Illinois		
Case number (If known)			Check if this is an amended filing
Official Form 107			
Statement of Financial Affai	rs for Indi	ividuals Filing for Bankrup	tcv 04/16
Be as complete and accurate as possible. If two mari information. If more space is needed, attach a separ number (if known). Answer every question.	ried people are fil	ing together, both are equally responsible for su	oplying correct
Part 1: Give Details About Your Marital Sta	itus and Where	You Lived Before	
1. What is your current marital status?			
Married			
☐ Not married			
2. During the last 3 years, have you lived anywhere	other than where	you live now?	
☐ No			
Yes. List all of the places you lived in the last 3 y	years. Do not inclu	ide where you live now.	an karan kan kan makan manan kan manan
Debtor 1:	Dates Debtor lived there	1 Debtor 2:	Dates Debtor 2 lived there
		☐ Same as Debtor 1	Same as Debtor 1
7900 Chase		Galife as Debior 1	
Number Street	. From	Number Street	From
	To	_	To
Merriville IN 46410			
City State ZIP Code		City State ZIP Code	
		Same as Debtor 1	Same as Debtor 1
			From
Number Street	То	Number Street	To
	_		
City State ZIP Code	<del></del>	City State ZIP Code	_
City State ZIP Code		0.00	
3. Within the last 8 years, did you ever live with a si states and territories include Arizona, California, Ida	pouse or legal eq	uivalent in a community property state or territor	y? (Community property and Wisconsin.)
states and territories include Anzona, Camornia, Ida	HO, LOUISIAHA, NEV	1444, 1141 114100, 1 40, 6 1140, 1640, 1740, 1740	
	,		
☑ No ☐ Yes. Make sure you fill out <i>Schedule H:</i> Your Co			

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Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have income No Yes. Fill in the details.	ed from all jobs and all bus	inesses, including part-ti	me activities.	ndar years?
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$2,577.00	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$
For last calendar year:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
(January 1 to December 31, 2017 YYYY	Operating a business		Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
(January 1 to December 31, 2016	Operating a business	Ψ	Operating a business	Y
Did you receive any other income during to include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filling that each power and the green income from	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alimone; interest; dividends; e income that you receive	money collected from lawst ed together, list it only once	uits; royalties; and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alimone; interest; dividends; e income that you receive	money collected from lawst ed together, list it only once	uits; royalties; and
Include income regardless of whether that inc unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from e	come is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alimone; interest; dividends; e income that you receive	money collected from lawst ed together, list it only once	uits; royalties; and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No	come is taxable. Examples nents; pensions; rental inco g a joint case and you have each source separately. Do	of other income are alimone; interest; dividends; e income that you receive	money collected from lawsted together, list it only once it you listed in line 4.	uits; royalties; and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until	come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income	of other income are alimone; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and	money collected from laws: ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No  Yes. Fill in the details.	come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income	of other income are alimone; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and	money collected from laws: ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that incumemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until	come is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Debtor 1  Sources of income	of other income are alimone; interest; dividends; e income that you receive o not include income that Gross income from each source (before deductions and	money collected from laws: ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. De Debtor 1  Sources of Income Describe below.	of other income are alimome; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws: ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No  Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. De Debtor 1  Sources of Income Describe below.	of other income are alimome; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws: ed together, list it only once t you listed in line 4.  Debtor 2  Sources of Income Describe below.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. De Debtor 1  Sources of Income Describe below.	of other income are alimome; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws: ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from a No  No  Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, 2017  YYYY)	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. De Debtor 1  Sources of Income Describe below.	of other income are alimome; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws: ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that incunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from a No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	come is taxable. Examples nents; pensions; rental income g a joint case and you have each source separately. De Debtor 1  Sources of Income Describe below.	of other income are alimome; interest; dividends; e income that you receive to not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws: ed together, list it only once it you listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and

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btor 1	DARIESE D. ROSS First Name Middle Name Last Name		Ca	se number (if known)	
	First Name Middle Name Last Name				
Part 3:	List Certain Payments You Made E	lefore You File	ad for Rankruntev		
a.co.	2 - Contain raymonts roa made 2	reioie iou iii	A 101 Dankruptcy		
	hau Dahéar éin au Dahéan Dia dahéa nuluna	with a management of a			
	her Debtor 1's or Debtor 2's debts prima	-			
₩ No.	Neither Debtor 1 nor Debtor 2 has prime "incurred by an individual primarily for a po	ersonal, family, o	r household purpose."		§ 101(8) as
	During the 90 days before you filed for ba	nkruptcy, did you	pay any creditor a total	of \$6,425* or more?	
	☐ No. Go to line 7.				
	Yes. List below each creditor to whom total amount you paid that creditor child support and alimony. Also,	or. Do not include	payments for domestic	support obligations, such	the as
	* Subject to adjustment on 4/01/19 and ev	ery 3 years after	that for cases filed on c	or after the date of adjustm	ent.
🗹 Yes	. Debtor 1 or Debtor 2 or both have prima	arily consumer (	debts.		
	During the 90 days before you filed for bar			of \$600 or more?	
	☑ No. Go to line 7.				
	Yes. List below each creditor to whom creditor. Do not include payments alimony. Also, do not include pay	s for domestic su	pport obligations, such a	as child support and	t
	,				
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
		<b>4-4</b>	e a comit de la compansión	and the second s	er en er en in in de en er et de besteke keine bliebene per en en de fille.
	Creditor's Name		\$	\$	Mortgage
					☐ Car
	Number Street		-	•	Credit card
			_		Loan repayment
					Suppliers or vendors
	City State ZIP Cod	<del>de</del>			Other
	and the second s		The state of the s	на индертива и двер вижет втуп с сучтумду в порет из ученичения и сучтуму.	eresysty (* 1885), m. eresystem er
	Creditor's Name		_ \$	\$	Mortgage
	Ordanoi d'Hamo				Car
	Number Street		•		Credit card
					Loan repayment
			•		Suppliers or vendors
	City State ZIP Coo	ie			☐ Other
			en er en	The state of the s	and a second
			\$	\$	
	Creditor's Name				Car
					Credit card
	Number Street				Loan repayment
					Suppliers or vendors
					* *
		_			Other

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nsider orpora gent,	rs include your re ations of which y	elatives; an ou are an o r a busines	y general officer, di s you ope	l partners; rector, pers	relatives of a son in contro	ny general partners; p , or owner of 20% or	partnerships of whi more of their voting	who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,
1 No		,						
	s. List all payme	nts to an in	sider.					
					Dates of paymen		Amount you still owe	Reason for this payment
_					<b></b>	<u> </u>	\$	
ln	nsider's Name							
N	umber Street				<u> </u>	_		
_					<u> </u>	_		
Ci	ity		State Z	IP Code	-			
					and the second second second second second second	- manufacture in the property of the property		
lo	sider's Name					<b>\$</b>	\$	
						_		A COLUMN TO THE
N	umber Street							
								· ·
_					•	_		
_				10.0	•	_		
	ity		State Z	IP Code		-		
ithin'	1 year before y				ou make an	– y payments or trans	fer any property c	on account of a debt that benefited
'ithin n insi	1 year before y	ou filed fo	r bankru _l	ptcy, diđ y		y payments or trans	fer any property c	on account of a debt that benefited
'ithin n insi nclude	1 year before y	ou filed fo	r bankru _l	ptcy, diđ y		– y payments or trans	fer any property c	on account of a debt that benefited
lithin n insi nclude No	1 year before yeider? e payments on de	<b>ou filed fo</b> r ebts guarar	r bankru _l	ptcy, did y		y payments or trans	fer any property c	on account of a debt that benefited
fithin n insi nclude 1 No	1 year before y	<b>ou filed fo</b> r ebts guarar	r bankru _l	ptcy, did y	y an insider.	og sp. (med removement		and a supposed of supposed to the supposed of supposed to the supposed of supposed to the supp
ithin n insi clude No	1 year before yeider? e payments on de	<b>ou filed fo</b> r ebts guarar	r bankru _l	ptcy, did y		y payments or trans  Total amount paid	fer any property of Amount you still owe	and a supposed of supposed to the supposed of supposed to the supposed of supposed to the supp
ithin n insi clude No	1 year before yeider? e payments on de	<b>ou filed fo</b> r ebts guarar	r bankru _l	ptcy, did y	/ an insider.  Dates of	Total amount	Amount you still	Reason for this payment
ithin n insi clude No Yes	1 year before yeider? e payments on de	<b>ou filed fo</b> r ebts guarar	r bankru _l	ptcy, did y	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
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ithin n insi aclude Mo Yes	1 year before yolder? e payments on de	<b>ou filed fo</b> r ebts guarar	r bankru _l	ptcy, did y	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
ithin n insi aclude Mo Yes	1 year before yolder? e payments on de s. List all paymen	<b>ou filed fo</b> r ebts guarar	r bankru _l	ptcy, did y	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
ithin n insi	1 year before yelder? e payments on de s. List all payments sider's Name	ou filed for	r bankrup	ptcy, did y	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
/ithin n insi nclude 1 No 1 Yes	1 year before yelder? e payments on de s. List all payments sider's Name	ou filed for	r bankrup	ptcy, did y cosigned by insider.	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
ithin n insinclude No Yes	1 year before yelder? e payments on de s. List all payments sider's Name	ou filed for	r bankrup	ptcy, did y cosigned by insider.	/ an insider.  Dates of	Total amount paid	Amount you still owe	Reason for this payment
ithin n insinclude No l Yes	1 year before yelder? e payments on de s. List all payments sider's Name	ou filed for	r bankrup	ptcy, did y cosigned by insider.	/ an insider.  Dates of	Total amount paid  \$	Amount you still owe	Reason for this payment
ithin n insi nclude No Yes	1 year before yelder? e payments on de s. List all paymen sider's Name umber Street	ou filed for	r bankrup	ptcy, did y cosigned by insider.	/ an insider.  Dates of	Total amount paid  \$	Amount you still owe	Reason for this payment
ithin n insi nclude No Yes	1 year before yeider? e payments on de s. List all paymen sider's Name	ou filed for	r bankrup	ptcy, did y cosigned by insider.	/ an insider.  Dates of	Total amount paid  \$	Amount you still owe	Reason for this payment

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or 1	Dariese	D. Ros	s	Cas	se number (if known)		
	First Name	Middle Name	e Last Name				
t 4:	Identify L	egal Acti	ons, Repossess	ions, and Foreclosures			
/ithin	1 year befo	re you filed	i for bankruptcy, v	vere you a party in any lawsuit, court a	ction, or administrative procee	ding?	
st all s	such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modificatio						
_	ntract dispute	es.					
No							
Yes	. Fill in the d	etails.	14.16	on and a state of the contract of the contract of			
			Na	ture of the case Court o	r agency	Status of the case	
						Pending	
Ca	ise title	····		Court Nam	16	-	
						On appeal	
				Number	Street	Concluded	
Ca	ise number 🔔				State ZIP Code	***************************************	
				City	State ZIP Code		
						pung.	
Ca	se title			Court Nam	e	— Pending	
						On appeal	
				Number	Street	Concluded	
Ca	se number _						
				City	State ZIP Code		
	. Fill in the ir			Describe the property	Date	Value of the property	
	Creditor's Nar	ne	·	<del></del>	-	. \$	
	<b>5.22</b>						
	Number Str	eet		Explain what happened			
				Property was repossessed.			
	<b>VI</b>			Property was foreclosed.			
				Property was garnished.	Property was garnished.		
	City		State ZIP Code	Property was attached, seize	d, or levied.	والمتعارض	
	4 Kilmilia rand molytheresiste et a com			Describe the property	Date	Value of the property	
					***************************************		
					TO PROMISE AND ADDRESS OF THE PROMISE AND ADDRES	\$	
	Creditor's Nar	ne		<del></del>	01.000 40° * 'n.n° 1.0		
					A CASA		
	Number Str	eet		Explain what happened			
					, • • • · · · · · · · · · · · · · · · ·		
				Property was repossessed.			
				Property was foreclosed.			
	City		State ZIP Code	Property was garnished.	1 or levied		
			and the second second	Property was attached, seizer	i, or levieu.	A CONTRACTOR OF THE STATE OF TH	

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Dariese D. Ross	Case number (if known)
First Name Middle Name L	ast Name
/ithin 90 days before you filed for bank ccounts or refuse to make a payment b	ruptcy, did any creditor, including a bank or financial institution, set off any amounts from your
No	recause you owed a dest:
Yes. Fill in the details.	
	Describe the action the creditor took Date action Amount was taken
Creditor's Name	
	¢.
Number Street	<u> </u>
M	
City State ZIP Code	Last 4 digits of account number: XXXX
ithin 1 year before you filed for bankru	ptcy, was any of your property in the possession of an assignee for the benefit of
editors, a court-appointed receiver, a c	
Í No	
Yes	
_	
5: List Certain Gifts and Contrib	outions
Gifts with a total value of more than \$600 per person	Describe the gifts Dates you gave Value the gifts
The state of the second st	
	\$
Person to Whom You Gave the Gift	
	ss
Number Street	—
City State ZIP Code	_
Person's relationship to you	
Gifts with a total value of more than \$600	Describe the gifts Dates you gave Value
per person	the giffs
Person to Whom You Gave the Gift	
	<u> </u>
Number Street	<del>-</del> ;
City State ZIP Code	_
Person's relationship to you	

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_{r 1} Dariese D. Ross	Case number (if known)		
First Name Middle Name L	ast Name		
	uptcy, did you give any gifts or contributions with a total valu	e of more than \$60	to any charity?
<ul><li>✓ No</li><li>✓ Yes. Fill in the details for each gift or co</li></ul>	potribution		
inches inches in the part of t	A A STATE A CHEST A THE STATE A GASTAR A GASTA A STATE		A 9 3 4 4 4 4 4 5 4 4 5 4 4 5 4 4 5 4 4 5 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
			Maria da Maria da Maria da Maria de Sala de Cara de Car Cara de Cara d
			\$
Charity's Name			T
			\$
Number Street	_		
City State ZłP Code			
Only State Em Series		*	
6: List Certain Losses			
	aptcy or since you filed for bankruptcy, did you lose anything		
Yes, Fill in the details.  Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
		AND A DESCRIPTION OF THE PROPERTY OF THE PROPE	\$
		]	
17: List Certain Payments or Tra			in anyone
Vithin 1 year before you filed for bankru you consulted about seeking bankruptc	uptcy, did you or anyone else acting on your behalf pay or tran	isiei any property	to anyone
nclude any attorneys, bankruptcy petition	preparers, or credit counseling agencies for services required in you	our bankruptcy.	
<b>Z</b> No			
Yes, Fill in the details.	and the second of the second o	and the Authorities and a	
	Description and value of any property transferred	Date payment or transfer was	Amount of paymen
Person Who Was Paid		made	
		the transfer of the transfer o	_
Number Street	•• 		\$
	:	And the second s	\$
			Ψ
City State ZIP Code	<u> </u>		
Email or website address			
Person Who Made the Payment, if Not You	-		
	Administration of the commence of the contract		

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	t Name			
	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				_
Number Street	-	anningen video	<del></del>	\$
Number Street		AND AND ADDRESS OF THE ADDRESS OF TH	<del></del>	\$
City State ZIP Code				
Email or website address		Marie de des conse		
Person Who Made the Payment, if Not You	The state of the s			
No Yes. Fill in the details.	Description and value of any property	iransferred		Amount of payme
Person Who Was Paid			transfer was made	
Number Street				\$
Transcription Charles	-:			\$
City State ZIP Code	•			
in 2 years before you filed for bankru sferred in the ordinary course of your	business or financial affairs?			
in 2 years before you filed for bankrul sferred in the ordinary course of your ide both outright transfers and transfers re not include gifts and transfers that you ha No Yes. Fill in the details.	made as security (such as the granting of ve already listed on this statement.  Description and value of property	of a security interest or mo Describe any property of or debts paid in exchan	r payments received	Date transfer was made
sferred in the ordinary course of your ide both outright transfers and transfers re not include gifts and transfers that you ha	made as security (such as the granting of ve already listed on this statement.	Describe any property o	r payments received	Date transfer
sferred in the ordinary course of your ade both outright transfers and transfers to include gifts and transfers that you han No Yes. Fill in the details.	made as security (such as the granting of ve already listed on this statement.  Description and value of property	Describe any property o	r payments received	Date transfer
sferred in the ordinary course of your ide both outright transfers and transfers in the include gifts and transfers that you have not include gifts and transfers that you have not not include gifts and transfers that you have not include gifts and transfers.  Person Who Received Transfer	made as security (such as the granting of veral already listed on this statement.  Description and value of property transferred.	Describe any property o or debts paid in exchan	r payments received	Date transfer
sferred in the ordinary course of your ide both outright transfers and transfers in the include gifts and transfers that you have so when the details.  Person Who Received Transfer  Number Street	made as security (such as the granting of ve already listed on this statement.  Description and value of property	Describe any property o or debts paid in exchan	r payments received	Date transfer
sferred in the ordinary course of your deboth outright transfers and transfers report include gifts and transfers that you have been seen to the details.  Person Who Received Transfer  Number Street  City State ZIP Code	made as security (such as the granting over already listed on this statement.  Description and value of property transferred	Describe any property o or debts paid in exchan	r payments received	Date transfer
sferred in the ordinary course of your ide both outright transfers and transfers in the include gifts and transfers that you have been seen in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you	made as security (such as the granting over already listed on this statement.  Description and value of property transferred	Describe any property o or debts paid in exchan	r payments received	Date transfer
sferred in the ordinary course of your ide both outright transfers and transfers in the include gifts and transfers that you have been seen included gifts and transfers that you have been seen who res. Fill in the details.  Person Who Received Transfer  City State ZIP Code  Person's relationship to you	made as security (such as the granting over already listed on this statement.  Description and value of property transferred	Describe any property o or debts paid in exchan	r payments received	Date transfer

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otor 1	Dariese D. Ross First Name Middle Name	Last Name	Case number (if know	wn)	
	in 10 years before you filed for b a beneficiary? (These are often ca	ankruptcy, did you transfer any proper Illed asset-protection devices.)	ty to a self-settled trust	t or similar device of \	which you
<b>Z</b> ÍN □ Y	io ′es. Fill in the details.				
		Description and value of the prope	erty transferred		Date transfer
					was made
N	ame of trust				
		MANUTATION AND AND AND AND AND AND AND AND AND AN			
		ounts, Instruments, Safe Deposit kruptcy, were any financial accounts o			
	erage houses, pension funds, co	arket, or other financial accounts; cert poperatives, associations, and other fir		res in banks, credit ur	nons,
☐ Y	es. Fill in the details.				. <i>939338000000000</i> 0000
		Last 4 digits of account number	Type of account or Instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Ĭ	Name of Financial Institution	Last 4 digits of account number		closed, sold, moved,	
_	Name of Financial Institution		☐ Checking ☐ Savings	closed, sold, moved,	
_			Checking Savings Money market	closed, sold, moved,	
		xxxx	☐ Checking ☐ Savings	closed, sold, moved,	
	Number Street	xxxx	Instrument  Checking Savings Money market Brokerage Cther	closed, sold, moved,	
· ·	Number Street	xxxx	Checking Savings Money market Brokerage Other Checking	closed, sold, moved,	
· · · · · · · · · · · · · · · · · · ·	Number Street  City State ZIP Co	xxxxde	Instrument  Checking Savings Money market Brokerage Other  Checking Savings	closed, sold, moved,	
· · · · · · · · · · · · · · · · · · ·	Number Street  City State ZIP Co	xxxxde	Checking Savings Money market Brokerage Other Checking	closed, sold, moved,	
· · · · · · · · · · · · · · · · · · ·	Number Street  City State ZIP Co	xxxx	Checking Savings Money market Brokerage Other Checking Savings Money market	closed, sold, moved,	
ī	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co	de	Instrument  Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	\$\$
i i i i	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co  Du now have, or did you have with	xxxx	Instrument  Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	\$\$
i i i i	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co  ou now have, or did you have wit rities, cash, or other valuables?	de	Instrument  Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage Other Other	closed, sold, moved, or transferred	\$\$
Do you secur	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co  ou now have, or did you have wit rities, cash, or other valuables?	de XXXX	Instrument  Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	or transferred	\$ \$  for
Do yo secui	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co  ou now have, or did you have wit rities, cash, or other valuables?	de XXXX	Instrument  Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other Checking	or transferred	\$ \$  for
Do yo secui	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co  ou now have, or did you have wit rities, cash, or other valuables?	de XXXX	Instrument  Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	or transferred	\$ \$ Do you still have it?
Do you secur	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co  ou now have, or did you have wit rities, cash, or other valuables?	de XXXX	Instrument  Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	or transferred	\$
Do you secur	Number Street  City State ZIP Co  Name of Financial Institution  Number Street  City State ZIP Co  ou now have, or did you have wit rities, cash, or other valuables?  o es. Fill in the details.	de XXXX	Instrument  Checking Savings Money market Brokerage Checking Savings Money market Brokerage Other	or transferred	\$ \$ Do you still have it?

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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?	Debtor 1	Dariese D. Ross First Name Middle Name Last	t Name Case number (if known)	
Yes. Fill in the details.   Do you still have M?   Describe the contents   Do you still have M?   No   No   Yes   Street   Number Street   N			or place other than your home within 1 year before you filed for bankruptcy?	
Number Street   Number Street   Number Street   Number Street   City State ZIP Code    23. Do you hold or control any property You Hold or Control for Someone Else  25. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.			Who else has or had access to it? Describe the contents	
City   State   ZIP Code	Ī	Name of Storage Facility	Name	
Identity Property You Hold or Control for Someone Else	ì	Number Street	Number Street	AND THE CONTROL OF TH
Identify Property You Hold or Control for Someone Else		City State ZIP Code	CityState ZIP Code	
or hold in trust for someone.    No		Section - Commission - Commissi	or Control for Someone Else	ake a a cos interiores inacces s
Part 10: Give Details About Environmental Information  For the purpose of Part 10, the following definitions apply:  Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  1. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of notice	or ho	old in trust for someone. o	a a region en entre en como a tabalago de la granda de la como transferir de la compositiva de la compositiva d	alue
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substance, hazardous material, pollutant, contaminant, or similar term.  Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No  Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of notice  Governmental unit	Site n	neans any location, facility, or proper e it or used to own, operate, or utilize	rty as defined under any environmental law, whether you now own, operate, or it, including disposal sites.	
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  21 No  22 Yes. Fill in the details.  33 Governmental unit  44 Environmental law, if you know it  55 Date of notice  Name of site  56 Governmental unit	≅ <i>Hazaı</i> subst	rdous material means anything an en tance, hazardous material, pollutant,	vironmental law defines as a hazardous waste, hazardous substance, toxic contaminant, or similar term.	
No Ves. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of notice  Governmental unit	•			
Yes. Fill in the details.  Governmental unit  Environmental law, if you know it  Date of notice  Name of site  Governmental unit	24. Has a	ny governmental unit notified you that	at you may be liable or potentially liable under or in violation of an environmental law	?
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			Governmental unit	v— v,मृत्रागरका व्यवसीति । २०००
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Average of the details.    Covernmental unit of any release of hazardous material?				
Ves. Fill in the details.   Governmental unit		unit of any release of hazardous material?		
Governmental unit    Number   Street   State   ZIP Code				
Name of site   Number Street   Number Street	Yes. Fill in the details.	Contract Control (Addition Partie ) France :		. Prophylyddigiaeth
Number Street    Number Street   City   State   ZIP Code		Governmental unit	nental law, if you know it	Date of notice
Number Street   Number Street   City   State   ZIP Code				
City State ZIP Code  Toty State ZIP Code  Case Utile  Court or agency  Nature of the case  Case Utile  Court Name    Pending   On appear	Name of site	Governmental unit		
City State ZIP Code  In very our been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  In No  Yes. Fill in the details.  Court or agency  Court or agency  Nature of the case  Case title  Court Name  Pending  On appea  Number Street  City State ZIP Code  City State ZIP Code  Case number  City State ZiP Code  Cit	Number Street	Number Street		
No   Yes. Fill in the details.    Court or agency   Nature of the case   Status of the case	***************************************	City State ZIP Code		
Tour Name    Court or agency   Nature of the case   Status of the case	City State ZIP Co	de		
Case title	we you heen a party in any judicial	or administrative proceeding under any environn	nental law? Include settlements and o	rders.
Ves. Fill in the details.   Court or agency   Nature of the case   Case title   Court Name   Pending   On appea   Number Street   Court Name   Pending   On appea   Number Street   Conclude   Case number   City   State   ZIP Code   Conclude   Case number   City   State   City   Conclude   Case number   City   Conclude   Conclude   Case number   City   Conclude   Conclud	• • • • • • • • • • • • • • • • • • • •	or daminion and proceeding and any control		. 440141
Case title				
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Number Street    Case number   City   State   ZIP Code	Case title			; ;
Number Street   Case number   City   State   ZIP Code	<del></del>	Court Name		
Til: Give Details About Your Business or Connections to Any Business    Connections to Any Business	***************************************	***		_
thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  EIN:		Number Street		<b>└</b> Conclude
tithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?    A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   A member of a limited liability company (LLC) or limited liability partnership (LLP)   A partner in a partnership   An officer, director, or managing executive of a corporation   An owner of at least 5% of the voting or equity securities of a corporation   No. None of the above applies. Go to Part 12.   Yes. Check all that apply above and fill in the details below for each business.   Describe the nature of the business   Employer identification number     Do not include Social Security number or ITIN.     EIN:	Case number	City State ZIP Code	:	
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Business Name    Do not include Social Security number or ITIN.	-			ness?
Number Street    Name of accountant or bookkeeper   Dates business existed	☐ A sole proprietor or self-emplo ☐ A member of a limited liability ☐ A partner in a partnership ☐ An officer, director, or managin ☐ An owner of at least 5% of the No. None of the above applies. Go	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (Ling executive of a corporation voting or equity securities of a corporation to Part 12.	r full-time or part-time	ness?
Number Street    Name of accountant or bookkeeper   Dates business existed	☐ A sole proprietor or self-emplo ☐ A member of a limited liability ☐ A partner in a partnership ☐ An officer, director, or managin ☐ An owner of at least 5% of the No. None of the above applies. Go	nyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (LL ing executive of a corporation voting or equity securities of a corporation to Part 12.	er full-time or part-time .P) Employer Identification number	
Name of accountant or bookkeeper  City State ZIP Code  Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  Ein:	☐ A sole proprietor or self-emplo ☐ A member of a limited liability ☐ A partner in a partnership ☐ An officer, director, or managi ☐ An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an	nyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (LL ing executive of a corporation voting or equity securities of a corporation to Part 12.	er full-time or part-time .P) Employer Identification number	
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Describe the nature of the business  Employer Identification number  Do not include Social Security number or ITIN.  EIN:  Number Street  Name of accountant or bookkeeper  Dates business existed	☐ A sole proprietor or self-emplo ☐ A member of a limited liability ☐ A partner in a partnership ☐ An officer, director, or managil ☐ An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (LL ing executive of a corporation voting or equity securities of a corporation to Part 12.  In the details below for each business.  Describe the nature of the business	Employer Identification number Do not include Social Security nu EIN:  Dates business existed	imber or ITIN.
Business Name  EIN:  Number Street  Name of accountant or bookkeeper Dates business existed	☐ A sole proprietor or self-emplo ☐ A member of a limited liability ☐ A partner in a partnership ☐ An officer, director, or managin ☐ An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an ☐ Business Name  Number Street	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (LL ing executive of a corporation voting or equity securities of a corporation to Part 12.  Ind fill in the details below for each business.  Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security nu EIN:  Dates business existed	imber or ITIN.
Number Street  Name of accountant or bookkeeper  Dates business existed	☐ A sole proprietor or self-emplo ☐ A member of a limited liability ☐ A partner in a partnership ☐ An officer, director, or managin ☐ An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an ☐ Business Name  Number Street	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (Ling executive of a corporation voting or equity securities of a corporation to Part 12.  In diffill in the details below for each business.  Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number  Do not include Social Security nu  EIN:  Dates business existed  From To  Employer Identification number	imber or ITIN.
Name of accountant or bookkeeper Dates business existed	□ A sole proprietor or self-emplo □ A member of a limited liability □ A partner in a partnership □ An officer, director, or managil □ An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an  Business Name  Number Street  City State ZIP Cod	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (Ling executive of a corporation voting or equity securities of a corporation to Part 12.  In diffill in the details below for each business.  Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security nu  EIN:  Dates business existed  From To  Employer Identification number Do not include Social Security nu	imber or ITIN.
	□ A sole proprietor or self-emplo □ A member of a limited liability □ A partner in a partnership □ An officer, director, or managil □ An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an  Business Name  City State ZIP Cod  Business Name	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (Ling executive of a corporation voting or equity securities of a corporation to Part 12.  In the details below for each business.  Describe the nature of the business  Name of accountant or bookkeeper  Describe the nature of the business	Employer Identification number Do not include Social Security nu  EIN:  Dates business existed  From To  Employer Identification number Do not include Social Security nu	imber or ITIN.
	□ A sole proprietor or self-emplo □ A member of a limited liability □ A partner in a partnership □ An officer, director, or managil □ An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an  Business Name  City State ZIP Cod  Business Name	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (LL ing executive of a corporation voting or equity securities of a corporation to Part 12.  Ind fill in the details below for each business.  Describe the nature of the business  Name of accountant or bookkeeper  Describe the nature of the business	Employer Identification number Do not include Social Security nu  EIN:  Dates business existed  From To  Employer Identification number Do not include Social Security nu  EIN:	imber or ITIN.
City. State 7ID Code	A sole proprietor or self-emplo A member of a limited liability A partner in a partnership An officer, director, or managi An owner of at least 5% of the No. None of the above applies. Go Yes. Check all that apply above an Business Name  Number Street  Business Name  Number Street	nyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (LL ing executive of a corporation voting or equity securities of a corporation to Part 12.  Ind fill in the details below for each business.  Describe the nature of the business  Name of accountant or bookkeeper  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security nu  EIN:  Dates business existed  From To  Employer Identification number Do not include Social Security nu  EIN:	imber or ITIN.

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	Dariese D. Ross First Name Middle Name Las	t Name Case number	3f (if known)
	over a regional and a second of two streets of the region		- Company (ng 2000) ang nang kang mag kang mga nang pang mga kang mana kang ng mga nang sa at tau na manakan k
		Describe the nature of the business	Employer Identification number
	Business Name	- 1	Do not include Social Security number or ITIN.
			EIN:
	Number Street	Name of accountant or bookkeeper	Dates business existed
	City State ZIP Code	-	From To
	ony out 24 out		
/ith	nin 2 years before you filed for bankru	ptcy, did you give a financial statement to anyone a	about your business? Include all financial
ısti	itutions, creditors, or other parties.		
<u>1</u> N	No		
) \	Yes. Fill in the details below.	A (NYCAARA PARAMANIA)	
		Date issued	
		The engly states	
	Name	MM / DD / YYYY	
		WMI/DD/TTT	
	Number Street	-	
		-	
	City State ZIP Code	-	
	<b></b>		
12	2: Sign Below		
ha ans	ave read the answers on this Statemer	nt of Financial Affairs and any attachments, and I denote that making a false statement, concealing proper in result in fines up to \$250,000, or imprisonment fo	rty, or obtaining money or property by fraud
hans n c	ave read the answers on this Statemers wers are true and correct. I understar	nd that making a false statement, concealing prope n result in fines up to \$250,000, or imprisonment fo	rty, or obtaining money or property by fraud
ha nns n c 18 l	ave read the answers on this Statemers were are true and correct. I understar connection with a bankruptcy case call U.S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concealing propen result in fines up to \$250,000, or imprisonment fo	rty, or obtaining money or property by fraud
haans n c 18 I	ave read the answers on this Statemers were are true and correct. I understant connection with a bankruptcy case call U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date 0/12/2018	nd that making a false statement, concealing propen result in fines up to \$250,000, or imprisonment fo	rty, or obtaining money or property by fraud r up to 20 years, or both.
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haans n co 18 I	ave read the answers on this Statemers were are true and correct. I understand connection with a bankruptcy case call U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date 0/22/2018  I you attach additional pages to Your Statemers are true and correct. I understand the same connection with a bankruptcy case call U.S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concealing propen result in fines up to \$250,000, or imprisonment fo	rty, or obtaining money or property by fraud r up to 20 years, or both.
haans n c 18 l	ave read the answers on this Statemers were are true and correct. I understand connection with a bankruptcy case call U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date Office / 2018  I you attach additional pages to Your Signature.	nd that making a false statement, concealing propen result in fines up to \$250,000, or imprisonment fo  Signature of Debtor 2  Date  Statement of Financial Affairs for Individuals Filing	rty, or obtaining money or property by fraud r up to 20 years, or both.  for Bankruptcy (Official Form 107)?
haans n co 18 l	ave read the answers on this Statemers were are true and correct. I understand connection with a bankruptcy case call U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date O/22/2018  I you attach additional pages to Your Statemers who yes  you pay or agree to pay someone who	nd that making a false statement, concealing propen result in fines up to \$250,000, or imprisonment fo	rty, or obtaining money or property by fraud r up to 20 years, or both.  for Bankruptcy (Official Form 107)?
haansan colla la	ave read the answers on this Statemers were are true and correct. I understar connection with a bankruptcy case call. U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date Official 8  I you attach additional pages to Your S  No  Yes  you pay or agree to pay someone who	and that making a false statement, concealing proper in result in fines up to \$250,000, or imprisonment for signature of Debtor 2  Date	rty, or obtaining money or property by fraud r up to 20 years, or both.  for Bankruptcy (Official Form 107)?

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Fill in this in	formation to ident	ify your case:	
Debtor 1	Dariese D. I	Ross Middle Name	Last Name
Debtor 2 (Spouse, If filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for t	he: Northern District of I	llinois
Case number (if known)			

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's Select Portfolio Svcin	Surrender the property.	□No
Halie,	Retain the property and redeem it.	<b>⊻</b> Yes
Description of SIngle Family Home property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
securing debt.	Retain the property and [explain]:	
Creditor's	☑ Surrender the property.	□ No
name: Santander	Retain the property and redeem it.	<b>⊻</b> Yes
Description of Automobile property	Retain the property and enter into a Reaffirmation Agreement.	
securing debt:	Retain the property and [explain]:	
	☐ Surrender the property.	□No
<b>name:</b>	Retain the property and redeem it.	Yes
Description of property	Retain the property and enter into a Reaffirmation Agreement.	
securing debt:	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
securing dept.	Retain the property and [explain]:	

12/15

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Debtor 1	Dariese		Last Name	Case number (if known)
	First Name	Middle Name	Last Name	

or any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet inded. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  Describe your unexpired personal property leases  Will the lease be assumed?	
Description of leased property:	Yes
.essor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	Yes
.essor's name:	□ No □ Yes
Description of leased property:	
essor's name:	□ No
Description of leased property:	Yes
essor's name:	□ No
Description of leased croperty:	Yes
essor's name:	□ No
Description of leased property:	The second second second the second s
rsonal property that is subject to an unexpired lease.	ntion about any property of my estate that secures a debt and any
Dorus Koz	
ignature of Debtor 1 Signatur	re of Debtor 2